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ABSTRACT

Most studies dealing with the impact of September 11, 2001 events are limited by reliance on recall of individuals about their behaviors before and after the events. To understand the consequences of significant, unexpected events, it is useful to have baseline information for the purpose of comparison. This report examines the potential effects of the September 11 events on substance use and substance abuse treatment, mental health problems and treatment, and religiosity in the New York area using data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA). Of interest is whether the events of September 11 were associated with changes in the prevalence of substance use or mental health problems in these areas. Because the terrorist acts occurred just prior to the beginning of the fourth quarter of 2001, data collected in the first three quarters of 2001 can be combined and compared with data collected in the fourth quarter. To account for any seasonal effects on these within-year comparisons, the 2000 NHSDA is also used for comparison since the survey in 2000 was almost identical to the one fielded in 2001. Analyses were done by age and gender. In general, relatively few significant changes were observed in problematic behavior following September 11. It is important to note, however, that the post-September 11 data were collected from October through December 2001. It is possible that there may be a lag effect in which behavioral influences are not apparent until a greater amount of time has passed. (Contains 25 references and 59 tables.) (GCP)

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Impact of September 11, 2001 Events on Substance Use and Mental Health in the New York Area

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- **National Household Survey on Drug Abuse (NHSDA).** The NHSDA provides information on the prevalence of substance use in the population, and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, patterns of use, treatment, perceptions of risk, criminal behavior, and mental health. Since 1999, the NHSDA sample has been designed to provide State-level estimates, based on 70,000 respondents per year.
- **Drug Abuse Warning Network (DAWN).** The DAWN obtains information on drug-related admissions to emergency departments and drug-related deaths identified by medical examiners.
- **Drug and Alcohol Services Information System (DASIS).** The DASIS consists of three data sets (I-SATS, N-SSATS, and TEDS) developed with State governments. These data collection efforts provide National and State-level information on the substance abuse treatment system.

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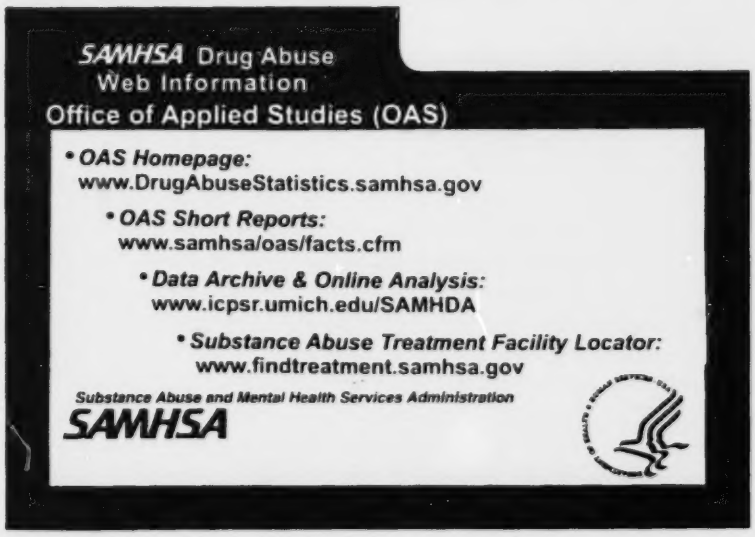

Impact of September 11, 2001 Events on Substance Use and Mental Health in the New York Area

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

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Highlights

Most studies dealing with the impact of September 11, 2001 events are limited by reliance on recall of individuals about their behaviors before and after the events. To understand the consequences of significant, unexpected events, it is useful to have baseline information for the purpose of comparison. Fortunately, the National Household Survey on Drug Abuse (NHSDA) can provide this kind of information on substance use and mental health problems for New York City and areas nearby.

This report examines the potential effects of the September 11 events on substance use and substance abuse treatment, mental health problems and treatment, and religiosity in the New York area using data from the 2000 and 2001 NHSDAs. The primary focus is on two specific areas: New York City (NYC) and the New York Consolidated Metropolitan Statistical Area (NY CMSA). For comparison purposes, the report also looks at trends in a composite of several other Consolidated Metropolitan Statistical Areas (C-CMSA) consisting of the cities and surrounding areas of Los Angeles, Chicago, and Detroit. Of interest is whether the events of September 11 were associated with changes in the prevalence of substance use or mental health problems in these areas. Because the terrorist acts occurred just prior to the beginning of the fourth quarter of 2001, data collected in the first three quarters of 2001 can be combined and compared with data collected in the fourth quarter. To account for any seasonal effects on these within-year comparisons, the 2000 NHSDA is also used for comparison since the survey in 2000 was almost identical to the one fielded in 2001. Analyses were done by age and gender.

In general, relatively few significant changes were observed in problematic behavior following September 11. It is important to note, however, that the post-September 11 data were collected from October through December 2001. It is possible that there may be a lag effect in which behavioral influences are not apparent until a greater amount of time has passed. Highlights of findings are reported below.

Illicit Drug, Alcohol, and Cigarette Use

- Among youths aged 12 to 17 in NYC, an increase was noted in the rate of past month nonmedical psychotherapeutic use between quarters 1 through 3 and quarter 4 in 2001, based on the comparison of this trend in 2001 with the observed trend during 2000.

- In the NY CMSA, the rate of past month use of marijuana by males aged 12 or older almost doubled between the first three quarters of 2001 and the fourth quarter.

- The overall prevalence of past month alcohol use and the quantity of alcohol consumed did not change following September 11 in NYC.

- A decrease following September 11 was observed in NYC in the number of days youths aged 12 to 17 consumed five or more drinks.

- An increase was observed in the NY CMSA in the prevalence rate for alcohol use among persons aged 18 or older during the fourth quarter of 2001 compared with the first three quarters.

- In the C-CMSA, the prevalence of alcohol use decreased from the first three quarters of 2001 to the fourth quarter among youths.

- Cigarette use among all persons aged 12 or older living in NYC and the NY CMSA did not change following September 11.

- Among youths aged 12 to 17 in the C-CMSA, the prevalence of past month cigarette use was significantly lower during the fourth quarter of 2001 compared with the first three quarters.

- The mean number of days female smokers used cigarettes increased after September 11 in the C-CMSA.

Substance Abuse Treatment Utilization

- In NYC and the NY CMSA, there were no changes in reporting of past month, past year, or current substance abuse treatment utilization among persons aged 12 or older following September 11, 2001.

- For youths aged 12 to 17 from the C-CMSA, past year substance abuse treatment was lower in the fourth quarter than in the first three quarters of 2001.

- Compared with the pattern observed during 2000 (an increase from the first three quarters to the fourth quarter), youths in the C-CMSA showed significant decreases in current, past month, and past year substance abuse treatment from the first three quarters to the fourth quarter of 2001.

Mental Health Problems and Treatment Utilization

- In NYC, the NY CMSA, and the C-CMSA there were no statistically significant increases or decreases following September 11 in the proportion of adults classified with distress or a disorder.

- For adults aged 18 or older in NYC, the mean number of disorder symptoms among persons with disorders was lower in the fourth quarter of 2001 compared with the first three quarters of the same year. No differences between the first three quarters and the fourth quarter were found in reporting of number of symptoms associated with mental disorders or distress for adults from the NY CMSA or the C-CMSA.

- For ages 12 and older in NYC, the NY CMSA, and the C-CMSA there were no changes in the reported use of mental health treatment when the period before October 1 was compared with the period after October 1 in 2001.

- Among youths in NYC and the NY CMSA, the proportion reporting past year treatment was slightly higher in the fourth quarter of 2001 than in the first three quarters of 2001. While this was not a statistically significant shift, it was a significantly different pattern than was observed in 2000, when the rate was higher in the first three quarters than in the fourth quarter.

Religiosity

- The percentage of the population aged 12 or older living in NYC, the NY CMSA, or the C-CMSA reporting that religion is "very important" in their lives did not differ between the first three quarters of 2001 and the fourth quarter of 2001.

1. Introduction

1.1 Background

How a person's behavior changes following a major traumatic event, such as a natural disaster or a terrorist attack, has been examined in a number of studies. These include the 1995 Oklahoma City bombing that killed 168 people (North et al., 1999); Hurricane Andrew, which killed 60 people and led to the evacuation of 2 million from their south Florida homes in 1992 (Perilla, Norris, & Lavizzo, 2002); and the 1994 Northridge earthquake near Los Angeles, which killed 57 people, injured 9,000, and displaced 20,000 from their homes (McMillen, North, & Smith, 2000). Research efforts have primarily centered on examining the development of posttraumatic stress disorder (PTSD) among individuals who have been directly impacted by a major traumatic event. PTSD may develop in the weeks and months following a traumatic event and is primarily diagnosed on the basis of reliving the traumatic episode, avoiding situations or people that may be reminders of the event, and developing arousal symptoms (e.g., difficulty sleeping, exaggerated startle response, and hypervigilance). Findings from a recently released study show a higher than expected prevalence of PTSD and depression among Manhattan residents 6 to 8 weeks following the September 11, 2001 terrorist attacks on the Pentagon and New York's World Trade Center (National Institute on Drug Abuse [NIDA], 2002).

However, PTSD may not be the only problem to appear in reaction to a traumatic event. Substance use and other mental health problems may have increased since the September 11 attacks. Recent research has suggested that PTSD rarely occurs in isolation, with the most frequent comorbid diagnoses being depression and substance use disorders (McFarlane, 1998; North et al., 1999). Individuals may experience increased stress, which in turn may lead to self-medication with various licit and illicit drugs. Chronic stress can have such effects as impaired memory, increased craving, relapse to substance abuse, depression, anxiety, and sleep difficulties.

The September 11 attacks may have broad and far-reaching implications. Some people feel additional stress because of the loss of life and the possibility of future attacks, which may increase the incidence of PTSD and negative coping behaviors, such as substance abuse. Health care providers and government officials may experience these consequences as an increased need for mental health and substance abuse services. Increased sales of anti-anxiety drugs, antidepressants, and sleep aids were reported following the Oklahoma City bombing (North et al., 1999). A recent survey of offices responsible for substance abuse services in the 50 States and the Nation's 10 largest cities found that 23 States and 6 cities reported an increase in the demand for alcohol and drug treatment services since September 11 (National Center on Addiction and Substance Abuse at Columbia University, 2002). A random telephone survey of

988 Manhattan residents, conducted in late October and early November 2001 following the attacks, found that about one in every four respondents (28.8 percent) had increased alcohol, cigarette, or marijuana use since the attacks (Vlahov et al., 2002). A second study conducted 1 to 2 months following the attacks found the prevalence of probable PTSD was significantly higher in the New York City metropolitan area than in Washington, DC, other major metropolitan areas, and the rest of the country. However, overall distress levels across the country were within normal ranges (Schlenger et al., 2002).

However, the findings of these studies of the impact of September 11 events are limited by reliance on the recall of individuals about their behaviors before and after the events. To understand the consequences of significant, unexpected events, it is important to have information about behaviors both before and after the event. Fortunately, the National Household Survey on Drug Abuse (NHSDA) can provide this kind of information on substance use, mental health problems, treatment for mental health and substance abuse problems, and other relevant behaviors for New York City (NYC) and the New York Consolidated Metropolitan Statistical Area (NY CMSA).

The NHSDA, which is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), is the primary source of information on the prevalence and incidence of substance use and abuse in the United States. A version of the survey is fielded every year, and the survey collects information during the entire calendar year. In 1999, the NHSDA was expanded to include a sample of respondents from every State. The eight largest States, including New York, have the largest samples—on average about 3,600 respondents each year.

Because of this design, the NHSDA can shed new light on how substance use and mental health may have been affected by the terrorist attacks on September 11. This disaster occurred near the end of the third quarter of data collection in the NHSDA. By that date, the survey had completed approximately 2,600 interviews in the NY CMSA. The results from those interviews can be compared with information obtained from interviews conducted during the fourth quarter. Before the events occurred, the project planned to interview 800 persons in the NY CMSA during the fourth quarter. The fourth quarter sample was increased to 1,400 respondents after September 11 to support comparisons with the findings from the first part of the year. It is also possible to compare information from the 2001 NHSDA with information collected in the 2000 NHSDA. Among other things, this comparison provides a basis for adjusting the 2001 data for seasonal effects.

1.2 Summary of the NHSDA Methodology

Conducted by the Federal government since 1971, the NHSDA collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. This section briefly describes the survey methodology. A more complete description is provided in ***Appendix A***.

The NHSDA collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals.

Since 1999, the NHSDA has been carried out using a computer-assisted interviewing (CAI) methodology. The survey uses a combination of computer-assisted personal interviewing (CAPI) conducted by the interviewer and audio computer-assisted self-interviewing (ACASI). Use of ACASI is designed to increase the privacy of the interview and seems to increase the level of honesty in the reporting of illicit drug use and other sensitive behaviors.

Both the 2000 and 2001 samples employed a 50-State design with an independent, multistage area probability sample for each of the States and the District of Columbia. The eight States with the largest populations (which together account for 48 percent of the total U.S. population aged 12 or older) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques. The design also oversamples youth and young adults so that each State's sample is approximately equally distributed among three major age categories: 12–17 years, 18–25 years, and 26 years or older. To enhance the precision of trend measurements, half the first-stage sampling units, or area segments, in each survey are included in the subsequent survey. However, all households included in the sample each year are new.

The geographic areas discussed in the report include NYC, the NY CMSA, and the combined CMSAs of Los Angeles, Detroit, and Chicago, hereafter referred to as the C-CMSA. ***Figure 1*** is a map showing the New York areas included in the study. In the 2001 NHSDA, the NYC sample size was 1,688. The NY CMSA sample, which includes NYC, was 4,113. The C-CMSA sample was 6,132. ***Table 1*** shows the distribution of the sample by quarter and year. ***Table 2*** provides a distribution of the sample by age and by area for the years 2000 and 2001. For details on the NYC sample, the NY CMSA sample, and the C-CMSA sample, see ***Appendix B.***

Figure 1 **New York City and the New York Consolidated Metropolitan Statistical Area (CMSA)**

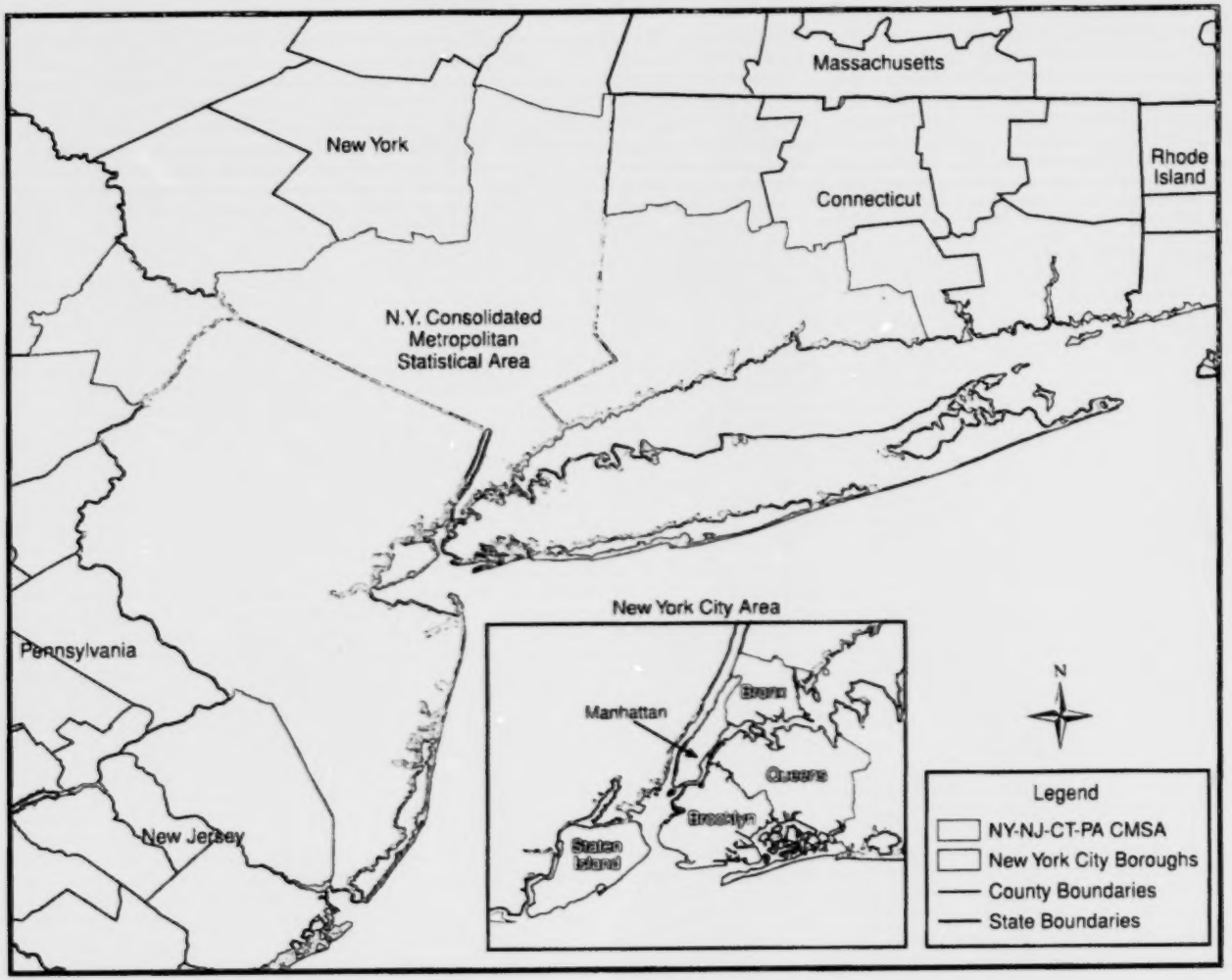

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Table 1 Sample Sizes for New York City and Selected Geographic Areas, by Quarter: 2000 and 2001

Year/Quarter	Geographic Area		
	NYC	NY CMSA	C-CMSA
2000			
Quarter 1	414	942	1,740
Quarter 2	389	1,028	1,747
Quarter 3	282	905	1,949
Quarter 4	282	657	1,502
Total	1,367	3,532	6,938
2001			
Quarter 1	363	869	1,521
Quarter 2	364	960	1,347
Quarter 3	320	846	1,596
Quarter 4	641	1,438	1,668
Total	1,688	4,113	6,132

NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table 2 Sample Sizes for New York City and Selected Geographic Areas, by Age Group and Time Period: 2000 and 2001

Year/Time Period	Age Group	Geographic Area		
		NYC	NY CMSA	C-CMSA
2000				
Quarters 1-3	12 to 17	337	1,039	2,059
	18 or older	748	1,836	3,377
Quarter 4	12 to 17	81	244	642
	18 or older	201	413	860
2001				
Quarters 1-3	12 to 17	349	962	1,447
	18 or older	698	1,713	3,017
Quarter 4	12 to 17	221	514	563
	18 or older	420	924	1,105

NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

1.3 Format of Report and Explanation of Tables

The following chapters compare specific aspects of behavior associated with substance use and mental health within and between geographical areas. The topic areas include substance use and treatment (Chapter 2), mental health problems and treatment (Chapter 3), and religiosity (Chapter 4). Data on some measures are available only for the year 2001 because the survey did not collect them in 2000. The appendices contain technical details about the survey methodology, the geographical areas, statistical methods and limitations of the data, mental health treatment variable specifications, and detailed prevalence and standard error tables.

The text, figures, and tables present prevalence measures for each topic by geographic area. The estimates for illicit drug, alcohol, and cigarette use are discussed in terms of past month use as well as frequency of use (e.g., among smokers, the mean number of days cigarettes were smoked during the past month) and quantity of use (e.g., among drinkers, the mean number of drinks consumed per day during the past month). For discussions of substance abuse treatment, estimates center on current, past month, and past year service utilization, while mental health treatment focuses on past year service utilization. The section on mental health problems focuses on the prevalence of psychological distress and treatment. The section on religiosity addresses the perceived importance of religion for respondents. Statistical methods and limitations of the data are described in ***Appendix C***. Information about construction of distress and disorder variables is discussed in ***Appendix D***. Figures are shown in the text to highlight key findings, and detailed tables are shown in ***Appendix E***.

Data for illicit drug, alcohol, and cigarette use; substance abuse treatment; mental health treatment; and religiosity are generally presented for persons aged 12 or older or aged 18 or older. When warranted, prevalence estimates for persons aged 12 to 17 are discussed. The discussion of mental health problems, however, is limited to those aged 18 or older because this information was not collected from youths aged 12 to 17. Gender differences are also summarized across these topics when justified.

The reporting of results is based on statistical hypothesis testing that focuses on the comparison of estimates from the first three quarters of 2001 with estimates from the fourth quarter of 2001. These simple trend analyses are done for each of the three areas of interest (NYC, NY CMSA, and C-CMSA). Statistically significant results are indicated with an "a" on ***Tables E.1 to E.15*** in ***Appendix E***. A second set of tests incorporated the 2000 data and assessed whether the trend within 2001 was different from the trend that had been observed in 2000. These tests provide a crude seasonal adjustment for the pre- versus post-September 11 comparison. Significant results for the seasonally adjusted tests are indicated with a "b" on ***Tables E.1 to E.15***. A third set of tests assessed whether the trends in NYC and the NY CMSA

were different from the trends in the C-CMSA. Significant results for these tests are indicated with an "a" on ***Tables E.16 to E.25***. A final test that compares trends in NYC and the NY CMSA with trends in the C-CMSA with a seasonal adjustment was also done ("b" on ***Tables E.16 to E.25***), but these tests are not discussed in the report. Details of these comparisons and statistical tests are provided in ***Appendix C***.

2. Substance Use and Treatment

This section describes trends in illicit drug, alcohol, and cigarette use during the past month as well as current, past month, and past year substance abuse treatment prior to and after September 11. ***Figure 1,*** shown earlier, highlights the NYC and the NY CMSA areas that are discussed.

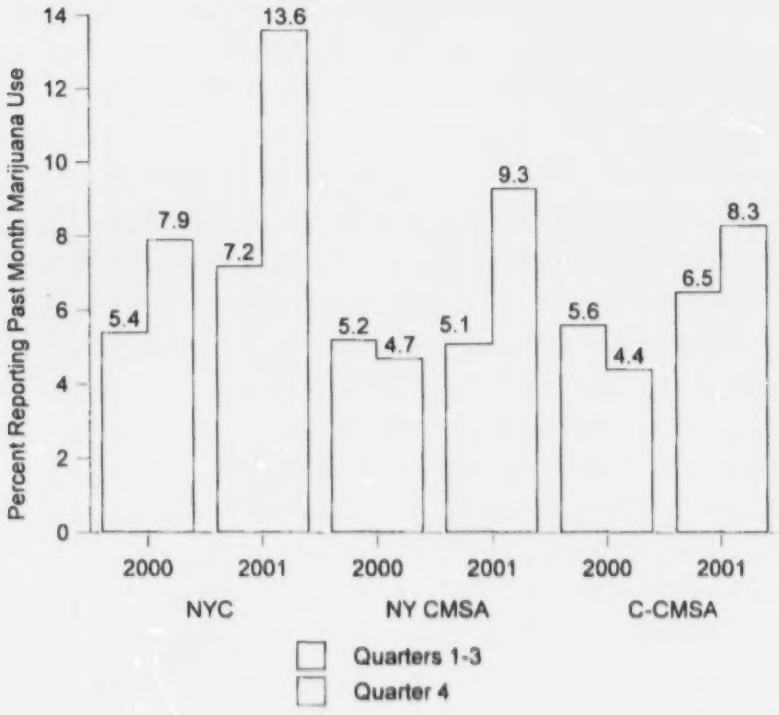
2.1 Illicit Drug Use

The NHSDA collects information on the use of a wide variety of illicit and licit drugs taken for nonmedical reasons. The survey obtains data on recency and frequency of drug use. In addition to examining the general prevalence of illicit drug use before and after September 11, this report focuses specifically on the use of marijuana and psychotherapeutic drugs because the number of users is sufficient to support analyses of changes in prevalence rates. In addition, the frequency of marijuana use is explored. Psychotherapeutics include pain relievers, tranquilizers, sedatives, and stimulants. These categories include drugs that can be obtained through prescription or illegally but are, in any case, used for nonmedical purposes. Over-the-counter drugs that might be similar, or drugs used under a physician's direction are excluded from these analyses.

For persons aged 12 or older in NYC, reports of past month use of any illicit drug, marijuana, or psychotherapeutics did not change significantly during the course of 2001, nor were there any changes in the number of days marijuana users reported using this substance. Among youths aged 12 to 17 in NYC, an increase was noted in the rate of past month nonmedical psychotherapeutic use between quarters 1 through 3 and quarter 4 in 2001 (1.1 percent vs. 1.8 percent), based on the comparison of this trend in 2001 with the observed trend during 2000.

As was the case with NYC, there were no changes in the rates of illicit drug use in the NY CMSA after the terrorist attacks among persons aged 12 or older. However, there were some shifts in rates and frequency of use when the data were analyzed by gender. Among males in 2001, the prevalence rate of past month marijuana use increased from 5.1 percent in the first three quarters of the year to 9.3 percent in the fourth quarter (***Figure 2***). This trend was also significantly different than the trend for males during 2000 (5.2 percent during quarters 1 through 3 vs. 4.7 percent in quarter 4). Among females, the frequency of past month marijuana use dropped from 9.4 days to 5.3 days during 2001.

Figure 2 Percentages of Males Aged 12 or Older Reporting Past Month Marijuana Use, by Time Period and Geographic Area: 2000 and 2001



NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

In the C-CMSA, there were no significant changes overall in the prevalence of past month use of any illicit drug, marijuana, or psychotherapeutics during 2001, nor were there any changes in the frequency of marijuana use, either with or without a seasonal adjustment. Among persons aged 18 or older, however, the rate of marijuana use increased significantly between quarters 1 through 3 (5.0 percent) and quarter 4 (6.9 percent) in 2001.

When the NY CMSA trends were compared with the C-CMSA trends, no significant differences were observed in trends in the rates of past month use of any illicit drug, marijuana, or psychotherapeutics in 2001. Disaggregating by gender showed some differences. In the NY CMSA, the decrease in the rate of past month psychotherapeutics use by females from the first three quarters of 2001 (2.4 percent) to the fourth quarter (1.0 percent) was significantly different from the increase observed in the C-CMSA during the same time period (2.1 percent to 3.5 percent). Likewise, the decrease in the frequency of past month marijuana use among females in the NY CMSA (9.4 days vs. 5.3 days) differed from the increase noted in the C-CMSA (9.7 days vs. 14.6 days) during 2001.

2.2 Alcohol Use

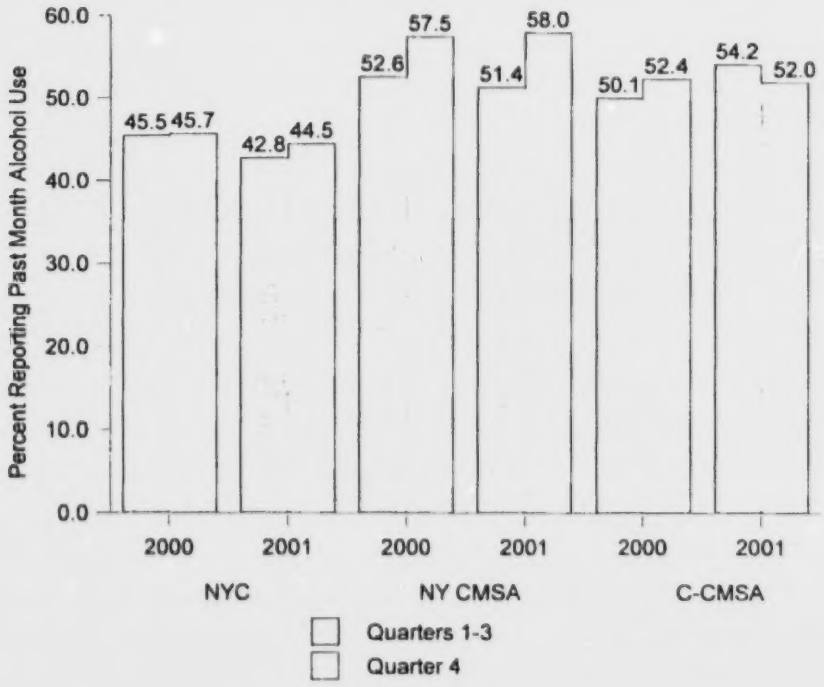
The NHSDA asks respondents about their use of alcohol during the past month as well as the frequency and quantity of their alcohol use. The frequency and quantity of use are measured by the mean number of days past month drinkers consumed five or more drinks on the same occasion, while the quantity of alcohol used is measured by the mean number of drinks consumed per day. The events of September 11 seem to have had limited impact on alcohol use despite press reports of unusually heavy crowds at bars in NYC.

During the course of 2001, there were no significant changes in the prevalence of past month alcohol use among persons aged 12 or older in NYC. No changes were observed in the number of drinks per day consumed or the mean number of days people had five or more drinks. Analyses by age, however, showed some differences. Among youths aged 12 to 17 in NYC who were current drinkers, the mean number of days five or more drinks were consumed declined between the first three quarters of 2001 (3.0 days) to the fourth quarter of the same year (0.7 days).

In the NY CMSA, the rates of past month alcohol use increased among persons aged 18 or older during 2001, rising from 51.4 percent in the first three quarters to 58.0 percent in the fourth (***Figure 3***). Among males, there was a small increase during 2001 in the mean number of binge days among past month drinkers, from 2.1 days to 2.4 days, which was significantly different than the decline seen during 2000, from 2.0 days to 1.2 days. A similar pattern was observed for males in NYC, although the difference was not statistically significant (***Figure 4***).

In the C-CMSA in 2001, past month alcohol use among youths declined from 16.2 percent in the first three quarters of the year to 12.3 percent in the fourth quarter. No other changes in alcohol use were observed in the C-CMSA during 2001.

Figure 3 Percentages of Persons Aged 18 or Older Reporting Past Month Alcohol Use, by Time Period and Geographic Area: 2000 and 2001

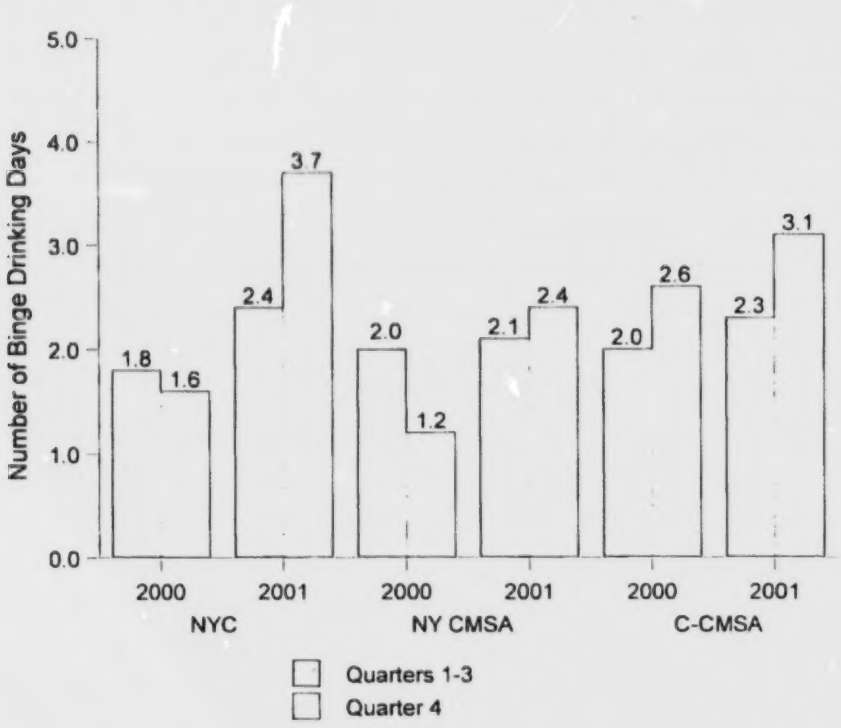


NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

When the NY CMSA was compared with the C-CMSA, no significant differences were observed in trends in the mean number of drinks per day or the number of days people had five or more drinks among all persons aged 12 or older in 2001. Among persons aged 12 or older, the increase in past month alcohol use, observed between the first three quarters of 2001 and the fourth quarter in the NY CMSA (48.0 percent vs. 53.7 percent) was significantly different than the decline in the C-CMSA (50.1 percent vs. 47.8 percent) during this time period. Similar findings were observed among males aged 12 or older and persons aged 18 or older.

Figure 4 Mean Number of Days Consumed Five or More Drinks Among Males Aged 12 or Older Who Were Drinkers in the Past Month, by Time Period and Geographic Region: 2000 and 2001



NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

2.3 Cigarette Use

The NHSDA contains a number of questions about the use of cigarettes and other tobacco products. This section describes cigarette use during the month prior to the interview and the intensity of use as measured by the mean number of days users reported they smoked during that period. Assuming cigarette smokers might use cigarettes to attempt to reduce tension, differences in cigarette use could be one response to the events of September 11. However, the results of these analyses show few significant differences, and findings are somewhat conflicting.

In NYC and the NY CMSA, the rates of past month cigarette use remained stable throughout the course of 2001 among persons aged 12 or older, as did the mean number of days past month smokers reported using cigarettes. However, among females in NYC, there was a significant difference in the trend during 2001 and the trend during 2000. From the first three quarters of 2000 to the fourth quarter of 2000, there was an increase from 16.5 percent to 31.0 percent in prevalence rate. In 2001, the rate for females in NYC declined from 22.0 percent in the first three quarters to 15.3 percent in the fourth. Similarly, among females in the NY CMSA, there was a significant difference in the trends during 2001 and 2000. There was an increase from 17.8 percent to 27.7 percent from the first three quarters of 2000 to the fourth quarter of 2000. In 2001, the rate for females declined slightly, from 21.4 percent in the first three quarters to 19.8 percent in the fourth (***Figure 5***).

For the C-CMSA, past month cigarette use was significantly lower among youths aged 12 to 17 in the fourth quarter of 2001 (6.9 percent) compared with the first three quarters of the same year (10.8 percent). During 2001, the mean number of days females aged 12 and older in the C-CMSA smoked during the past month increased from 22.6 days in the first three quarters to 25.3 days in the fourth quarter.

There were no significant differences observed in trends in the rates of past month cigarette smoking or the mean number of days smokers reported using cigarettes when the NY CMSA trends were compared to the C-CMSA trends.

2.4 Substance Abuse Treatment Utilization

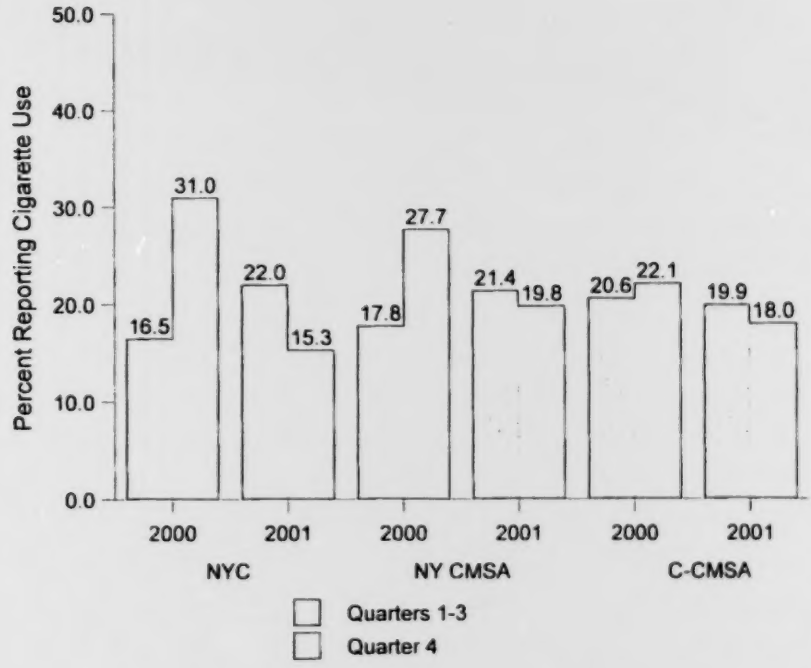
The NHSDA asks respondents aged 12 or older about their substance abuse treatment utilization. Estimates described in this chapter refer to treatment received to reduce or stop drug or alcohol use, or for medical problems associated with the use of drugs or alcohol. For the purposes of this chapter, "treatment" is defined as any treatment received at any location, such as a hospital, rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail. Measures include utilization during the past month or past year. If individuals received substance abuse treatment during the past year, they were asked whether they were currently in treatment. This section describes reported substance abuse treatment utilization before and after September 11.

In NYC and the NY CMSA, there were no changes in reporting of past month, past year, or current substance abuse treatment utilization among persons aged 12 or older following September 11, 2001.

For youths aged 12 to 17 from the C-CMSA, past year substance abuse treatment was lower in the fourth quarter (0.4 percent) than in the first three quarters (2.1 percent) of 2001.

Youths also showed significant decreases in current, past month and past year substance abuse treatment from the first three quarters to the fourth quarter of 2001 compared with the same time periods in 2000, during which treatment utilization increased.

Figure 5 Percentages of Females Aged 12 or Older Reporting Past Month Cigarette Use, by Time Period and Geographic Area: 2000 and 2001



NYC = New York City.
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Comparisons of trends during 2001 for the NY CMSA with trends in the C-CMSA showed one significant difference. Past year substance abuse treatment among youths aged 12 to 17 in the NY CMSA showed an increase from the first three quarters to the fourth quarter (1.0 percent vs. 1.5 percent) of 2001, while past year substance abuse treatment among youths in the C-CMSA decreased from the first three quarters to the fourth quarter (2.1 percent vs. 0.4 percent) in 2001.

3. Mental Health Problems

The NHSDA asks all persons aged 18 or older a series of questions relating to their mental health status and the extent to which mental health problems interfere with their ability to function. Because these questions were first asked in the 2001 NHSDA, no comparisons with 2000 are possible. The questionnaire is designed to identify persons with mental illness, and the questions focus on symptoms indicative of distress. Respondents are asked how often they experienced certain distress symptoms during the one month in the past 12 months when they were at their worst emotionally. The distress symptoms include feeling unusually tired, so nervous that nothing could calm them down, restless, or depressed and whether they felt hopeless, that they were worthless, or that everything was an effort. These questions also address the symptoms of a variety of mental disorders, but the questionnaire is not constructed to make specific diagnoses.

Because the mental health questions ask about problems within the past 12 months, detection of shifts in prevalence from one quarter to the next is difficult. There is substantial overlap in the reference periods reflected by estimates based on the respondents in the first three quarters and estimates from respondents in the fourth quarter.

In NYC, the NY CMSA, and the C-CMSA there were no statistically significant increases or decreases following September 11 in the proportion of adults classified with distress or a disorder. For adults aged 18 or older from NYC, the mean number of disorder symptoms among persons with disorders was lower in the fourth quarter of 2001 (1.9) compared with the first three quarters of the same year (2.6). No differences between the first three quarters and the fourth quarter of 2001 were found in reporting of number of symptoms associated with mental disorders or distress for adults from the NY CMSA or the C-CMSA.

Questions about use of mental health treatment services, which also reflect a past 12 month reference period, were included in both the 2000 and the 2001 NHSDAs for all persons aged 12 or older. For ages 12 and older in NYC, the NY CMSA, and the C-CMSA there were no changes in the reported use of mental health treatment when the period before October 1 was compared with the period after October 1 in 2001. Furthermore, there were no significant differences in trends in these areas when 2000 trends were compared with 2001 trends, and the trend in the NY CMSA was similar to the trend in the C-CMSA. These results held for both males and females.

Among youths in NYC, the proportion reporting past year treatment was slightly higher in the fourth quarter of 2001 than in the first three quarters of 2001 (16.1 percent vs. 13.8 percent). While this was not a statistically significant shift, it was a significantly different pattern than was observed in 2000, when the rate was 12.9 percent in the first three quarters and 4.9 percent in the fourth quarter. A similar result was observed in the NY CMSA.

4. Religious Beliefs

The NHSDA includes several questions about the importance of religion in the life of the respondent. Assuming religion might become more important to individuals during times of stress, the responses to a question asking whether religion is "very important" in the respondent's life were compared for the period prior to September 11 and after the terrorist attacks.

Contrary to expectations, the percentage of the population reporting that religion was "very important" in their life did not differ between the first three quarters of 2001 and the fourth quarter for persons aged 12 or older living in NYC, the NY CMSA, or the C-CMSA.

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Appendix A
Description of the Survey

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A.1 Sample Design

The 2000 and 2001 NHSDA sample designs were part of a coordinated 5-year sample design that will provide estimates for all 50 States plus the District of Columbia for the years 1999 through 2003. The coordinated design facilitates 50 percent overlap in first-stage sampling units between each 2 successive years.

For the 5-year 50-State design, eight States were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas), with samples large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques.

States were first stratified into a total of 900 field interviewer (FI) regions (48 regions in each large sample State and 12 regions in each small sample State). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent Census blocks were combined to form the first-stage sampling units, called area segments. A total of 96 segments per FI region were selected with probability proportional to population size in order to support the 5-year sample and any supplemental studies that SAMHSA may choose to field. Eight sample segments per FI region were fielded during the 2000 survey year. Of these, four segments were retained in the 2001 year and four new segments were added, bringing the number of segments per FI region back to eight.

These sampled segments were allocated equally into four separate samples, one for each 3-month period during the year, so that the survey is essentially continuous in the field. In each of these area segments, a listing of all addresses was made, from which a sample of addresses was selected. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a handheld computer carried by the interviewers. Youths aged 12 to 17 and young adults aged 18 to 25 were oversampled at this stage. Targeted sample sizes for youths aged 12 to 17 in 2000 and 2001 were 25,000 and 22,500, respectively. Targeted sample sizes in both years for both groups, the young adults aged 18 to 25 and those aged 26 or older, were 22,500 in both years. Thus, the total targeted sample sizes were 70,000 and 67,500 in 2000 and 2001, respectively.

The survey covers (a) residents of households living in houses/townhouses, apartments, condominiums, and so on; (b) residents living in noninstitutional group quarters, such as shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses; and (c) civilians living on military bases. Although the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and hospitals.

A.2 Data Collection Methodology

The data collection method used in the NHSDA involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and verbal communications with potential respondents, respondents' names are not collected with the data, and computer-assisted interviewing (CAI), including audio computer-assisted self-interviewing (ACASI), is used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A 5-minute screening procedure conducted using a handheld computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select up to two sample persons, depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to conduct the NHSDA interview immediately with each selected person in the household. The interviewer asks the selected respondent to identify a private area in the home away from other household members to conduct the interview. The interview averages about an hour and includes a combination of computer-assisted personal interviewing (CAPI) and ACASI. The interview begins in CAPI mode with the FI reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode, the respondent can read the questions silently on the computer screen and/or listen to the questions through headphones and enter his or her responses directly into the computer. At the conclusion of the ACASI section, the interview returns to the CAPI mode, with the interviewer completing the questionnaire.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he or she transmits the data to RTI in Research Triangle Park, NC, via telephone.

A.3 Data Processing

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though much editing and consistency checking is done by the CAI program during the interview, additional, more complex edits and consistency checks are completed at RTI. Resolution of most inconsistencies and missing data is done using machine editing routines developed specifically for the CAI instrument. Cases are retained only if the respondent provided data on lifetime use of cigarettes and at least nine other substances.

A.3.1 Statistical Imputation

For some key variables that still have missing values after the application of editing, statistical imputation is used to replace missing data with appropriate response codes.

Considerable changes in the imputation procedures used in prior NHSDAs were introduced beginning with the 1999 CAI sample. Three types of statistical imputation procedures are used: (a) a standard unweighted sequential hot-deck imputation, (b) a univariate combination of weighted regression imputation and a random nearest neighbor hot-deck imputation (which could be viewed as a univariate predictive mean neighborhood method), and (c) a combination of weighted regression and a random nearest neighbor hot-deck imputation using a neighborhood where imputation is accomplished on several response variables at once (which could be viewed as a multivariate predictive mean neighborhood method). Because the primary demographic variables (e.g., age, gender, race/ethnicity, employment, and education) are imputed first, few variables are available for model-based imputation. Moreover, most demographic variables have very few missing values. Hence, unweighted sequential hot deck is used to impute missing values for demographic variables. The demographic variables can then be used as covariates in models for drug use measures. These models also include other drug use variables as covariates. For example, the model for cocaine use includes cigarette, alcohol, and marijuana use as covariates. The univariate predictive mean neighborhood method is used as an intermediate imputation procedure for recency of use, 12-month frequency of use, 30-day frequency of use, and 30-day binge drinking frequency for all drugs where these variables occur. The final imputed values for these variables are determined using multivariate predictive mean neighborhoods. The final imputed values for age at first use for all drugs and age at first daily cigarette use are determined using univariate predictive mean neighborhoods.

Hot-deck imputation involves the replacement of a missing value with a valid code taken from another respondent who is "similar" and has complete data. Responding and nonresponding units are sorted together by a variable or collection of variables closely related to the variable of interest Y. For sequential hot-deck imputation, a missing value of Y is replaced by the nearest responding value preceding it in the sequence. With random nearest neighbor hot-deck imputation, the missing value of Y is replaced by a responding value from a donor randomly selected from a set of potential donors close to the unit with the missing value according to some distance metric. The predictive mean neighborhood imputation involves determining a predicted mean using a model, such as a linear regression or logistic regression, depending on the response variable, where the models incorporate the design weights. In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item nonrespondent and the predicted mean for each potential donor and choosing those within a small preset value (this is the "distance metric"). The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age at first crack use must not be younger than age at first cocaine use). Whenever possible, more than one response variable was considered at a time. In that (multivariate) case, the Mahalanobis distance across a vector of several response variables' predicted means is calculated between a given item nonrespondent and each candidate donor. The k smallest Mahalanobis distances, say 30, determine the neighborhood of candidate donors, and the nonrespondent's missing values in this vector are replaced by those of the randomly selected donor. A respondent may only be missing some of the responses within this vector of response variables; in that case, only the missing values were replaced, and donors were restricted to be logically consistent with the response variables that were not missing.

Although statistical imputation could not proceed separately within each State due to insufficient pools of donors, information about the State of residence of each respondent is incorporated in the modeling and hot-deck steps. For most drugs, respondents were separated into three State usage categories for each drug depending on the response variable of interest; respondents from States with high usage of a given drug were placed in one category, respondents from medium usage States into another, and the remainder into a third category. This categorical "State rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item nonrespondent were restricted to be of the same State usage category (the same "State rank") as the item nonrespondent.

A.3.2 Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, were then applied to the design-based weights to adjust for nonresponse, to control for extreme weights when necessary, and to poststratify to known

population control totals. In view of the importance of State-level estimates with the new 50-State design, it was necessary to control for a much larger number of known population totals. Several other modifications to the general weight adjustment strategy used in prior NHSDAs were also implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Särndal's (1992) logit model. This generalized exponential model (GEM) (Folsom & Singh, 2000) incorporates unit-specific bounds (ℓ_k, u_k), $k \in s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)}$$

where c_k are prespecified centering constants, such that

$$\ell_k < c_k < u_k \text{ and } A_k = (u_k - \ell_k) / (u_k - c_k)(c_k - \ell_k) .$$

The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \hat{T}_x = 0,$$

where $\hat{T}_x$ denotes control totals that could be either nonrandom, as is generally the case with poststratification, or random, as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \in s} \frac{d_k}{A_k}\left\{(a_k - \ell_k)\log\frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k)\log\frac{u_k - a_k}{u_k - c_k}\right\}$$

This general approach was used at several stages of the weight adjustment process including (a) adjustment of household weights for nonresponse at the screener level, (b) poststratification of household weights to meet population controls for various demographic groups by State, (c) adjustment of household weights for extremes, (d) poststratification of selected person weights, (e) adjustment of person weights for nonresponse at the questionnaire level, (f) poststratification of person weights, and (g) adjustment of person weights for extremes.

Every effort was made to include as many relevant State-specific covariates (typically defined by demographic domains within States) as possible in the multivariate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further

subdivision of State samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all State-specific covariates and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping States with covariates defined at the national level, at the Census division level within the Nation, at the State group within the Census division, and, whenever possible, at the State level. In every case, the controls for total population within States and the five age groups within States were maintained. Census control totals by age and race were required for the civilian, noninstitutionalized population of each State. Published Census projections (U.S. Bureau of the Census, 2000) reflected the total residential population (which includes military and institutionalized). The 1990 Census 5 percent public use micro data file (U.S. Bureau of the Census, 1992) was used to distribute the State residential population into two groups, and then the method of raking-ratio adjustment was used to get the desired domain-level counts such that they respect both the State-level residential population counts and the national-level civilian and noncivilian counts for each domain. This was done for the midpoint of each NHSDA data collection period (i.e., quarter) such that counts aggregated over the quarters correspond to the annual counts.

Several other enhancements to the weighting procedures were also implemented starting in 1999. The control of extreme weights through winsorization was incorporated into the calibration processes. Winsorization truncates extreme values at prespecified levels and distributes the trimmed portions of weights to the nontruncated cases; this process was carried out using the GEM model discussed above. A step was added to poststratify the household-level weights to obtain Census-consistent estimates based on the household rosters from all screened households; these household roster–based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. An additional step poststratified the selected person sample to conform with the adjusted roster estimates. The final step in poststratification related the respondent person sample to external Census data (defined within State whenever possible, as discussed above).

A.3.3 Standardization of Weights to Improve Estimates of Change

The NHSDA is a cross-sectional survey. Households and individuals are included in the sample only once. As the sample composition varies between time periods, estimates may fluctuate.

For example, assume smoking by males is higher than by females. If the weighted proportion of males in the sample is higher in Period 1 than in Period 2, then estimates of the difference in the prevalence of smoking may be higher in favor of Period 1 than they would otherwise be. Hence, sampling variability may lead to loss in precision in estimates of change. Thus, survey weights were standardized to improve the precision of the estimates of change.

Standardization was applied with respect to the 10 groups defined by the five age groups (12–17, 18–25, 26–34, 35–49, and 50+) and gender. This procedure yielded weighted counts of each of these 10 groups that were constant across the periods compared (i.e., combined quarters 1 to 3 and quarter 4 in 2000 and 2001). ***Table B.2*** in ***Appendix B*** provides the aforementioned weighted counts and Census projections.

Appendix B
Description of the New York City, New York CMSA, and Combined CMSA Samples

Appendix B
Description of the New York City, New York CMSA, and Combined CMSA Samples

For this report, two geographic areas including and surrounding New York City (NYC and the NY CMSA) were compared with a combined Consolidated Metropolitan Statistical Area (C-CMSA).

NYC consists of five boroughs: Manhattan, Bronx, Queens, Brooklyn, and Staten Island. A total of 1,367 and 1,688 respondents were in the NYC sample in 2000 and 2001, respectively.

The *NY CMSA* is a Census-defined area including and surrounding NYC. It includes the five boroughs, the southeast corner of New York State, northern New Jersey, southwest Connecticut, and a small corner of eastern Pennsylvania. More specifically, the area includes the following:

- 12 counties in New York (Dutchess, Nassau, Suffolk, Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester, and Orange)
- 14 counties in New Jersey (Bergen, Passaic, Hudson, Hunterdon, Middlesex, Somerset, Monmouth, Ocean, Essex, Morris, Sussex, Union, Warren, and Mercer)
- 4 counties in Connecticut (Fairfield, New Haven, parts of Middlesex, and parts of Litchfield)
- 1 county in Pennsylvania (Pike)

The NY CMSA sample sizes in 2000 and 2001 were 3,532 and 4,113, respectively.

The *C-CMSA* sample consists of Los Angeles, Chicago, Detroit, and surrounding areas. This sample includes the following Census-defined areas:

- Los Angeles: Los Angeles, Riverside, Orange County, CA CMSA
- Chicago: Chicago, Gary, Kenosha, IL-IN-WI CMSA
- Detroit: Detroit, Ann Arbor, Flint, MI CMSA

The C-CMSA sample had 6,938 respondents in 2000 and 6,132 in 2001.

Table B.1 provides details on the 2000 and 2001 sample sizes.

Table B.1 Sample Sizes for New York City and Selected Geographic Areas, by Time Period, Age Group, and Gender: 2000 and 2001

Characteristic	Time Period			
	2000 Quarters 1-3	2000 Quarter 4	2001 Quarters 1-3	2001 Quarter 4
NYC				
12 or older	1,085	282	1,047	641
12–17	337	81	349	221
18 or older	748	201	698	420
Males	500	146	489	314
Females	585	136	558	327
NY CMSA				
12 or older	2,875	657	2,675	1,438
12–17	1,039	244	962	514
18 or older	1,836	413	1,713	924
Males	1,398	336	1,293	705
Females	1,477	321	1,382	733
C-CMSA				
12 or older	5,436	1,502	4,464	1,668
12–17	2,059	642	1,447	563
18 or older	3,377	860	3,017	1,105
Males	2,632	735	2,104	811
Females	2,804	767	2,360	857

NYC = New York City
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Census totals for the geographic areas analyzed in this report (NYC, NY CMSA, and the C-CMSA) were developed by accessing 1999 county-level estimates in the areas involved for age and sex, with the1990 U.S. Census used as a base count (U.S. Bureau of the Census, 1992). Data sets containing CMSA level data of interest from the Census and the NHSDA were merged together by State and county codes. The estimates from this merged data set were then summed and checked using Census metropolitan data (U.S. Bureau of the Census, 2000). State-level adjustments were determined by applying adjustments used routinely in analyses of NHSDA data to the merged data set. This adjustment was then applied to resulting estimates to determine the civilian population estimates. These adjusted estimates were then summed by CMSA, age group, and sex to determine the census control totals shown in ***Table B.2*** and ***Table B.3*** provides Census totals.

Table B.2 Census and NHSDA Totals of Persons Aged 12 or Older in New York City and Selected Geographic Areas, by Age Group and Gender

Characteristic	Census Totals[1]	Percent of Total	NHSDA Totals[1]	Percent of Total
NYC				
12 or older	6,065,069	100.0	5,778,098	100.0
Males	2,807,362	46.3	2,715,928	47.0
12–17	277,770	4.6	280,565	4.9
18–25	359,679	5.9	419,706	7.3
26–34	502,277	8.3	515,388	8.9
35–49	809,379	13.3	718,821	12.4
50 or older	858,258	14.2	781,448	13.5
Females	3,257,707	53.7	3,062,170	53.0
12–17	269,931	4.5	269,406	4.7
18–25	380,679	6.3	404,126	7.0
26–34	544,455	9.0	473,330	8.2
35–49	902,677	14.9	947,511	16.4
50 or older	1,159,966	19.1	967,797	16.7
NY CMSA				
12 or older	16,478,573	100.0	16,241,916	100.0
Males	7,805,032	47.4	7,760,105	47.8
12–17	782,737	4.8	824,975	5.1
18–25	945,916	5.7	966,125	5.9
26–34	1,268,996	7.7	1,231,606	7.6
35–49	2,313,972	14.0	2,235,921	13.8
50 or older	2,493,410	15.1	2,501,478	15.4
Females	8,673,541	52.6	8,481,811	52.2
12–17	746,684	4.5	759,224	4.7
18–25	944,058	5.7	937,497	5.8
26–34	1,328,556	8.1	1,240,273	7.6
35–49	2,486,240	15.1	2,566,628	15.8
50 or older	3,168,002	19.2	2,978,189	18.3
C-CMSA				
12 or older	24,233,064	100.0	24,247,051	100.0
Males	11,820,384	48.8	11,859,098	48.9
12–17	1,301,102	5.4	1,327,824	5.5
18–25	1,723,240	7.1	1,613,052	6.7
26–34	2,072,423	8.6	1,946,808	8.0
35–49	3,468,178	14.3	3,620,616	14.9
50 or older	3,255,441	13.4	3,350,798	13.8
Females	12,412,680	51.2	12,387,953	51.1
12–17	1,226,701	5.1	1,267,022	5.2
18–25	1,612,363	6.7	1,556,772	6.4
26–34	2,071,096	8.5	1,957,361	8.1
35–49	3,547,089	14.6	3,538,775	14.6
50 or older	3,955,430	16.3	4,068,023	16.8

NYC = New York City; NY CMSA = New York Consolidated Metropolitan Statistical Area; C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

[1] Census totals are based primarily on 1999 County Population Estimates; NHSDA totals are weighted annual averages from 2000 and 2001.

Source: U.S. Bureau of the Census, County Population Estimates, 1999, and other data. SAMHSA, Office of Applied Studies, NHSDA, 2000 and 2001.

Table B.3 Census Totals of Persons Aged 12 or Older in New York City and Selected Geographic Areas, by Age Group and Gender

Characteristic	Census Totals[1]
NYC	
12 or older	6,065,069
12–17	547,701
18 or older	5,517,368
Males	2,807,362
Females	3,257,707
NY CMSA	
12 or older	16,478,573
12–17	1,529,421
18 or older	14,949,152
Males	7,805,032
Females	8,673,541
C-CMSA	
12 or older	24,233,064
12–17	2,527,803
18 or older	21,705,261
Males	11,820,384
Females	12,412,680

NYC = New York City
NY CMSA = New York Consolidated Metropolitan Statistical Area.
C-CMSA = Combined Consolidated Metropolitan Statistical Areas of Los Angeles, Detroit, and Chicago.

[1] See Appendix C for an explanation of how totals were created.

Note: Census totals are shown to give a representation of population counts in these areas. However, these numbers were not used for determining the percentage estimates for the analysis. Actual totals used in the estimation can be found in Appendix C.

Source: U.S. Bureau of the Census, County Population Estimates by Age and Sex, 1999, and other Census-related data.

Appendix C
Statistical Methods and Limitations of the Data

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Statistical Methods and Limitations of the Data

C.1 Target Population

An important limitation of NHSDA estimates of drug use prevalence is that they are designed to describe only the target population of the survey (e.g., civilian, noninstitutionalized persons aged 12 or older). Although this population includes almost 98 percent of the total U.S. population aged 12 or older, it does exclude some important and unique subpopulations who may have very different drug-using patterns. The survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use (Bray et al., 1999). Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use (Bray & Marsden, 1999). Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use.

C.2 Hypothesis Testing

This report is concerned with the effects of the September 11 terrorist attacks on substance use and other behavior in NYC and areas nearby.

Because the September 11 event occurred almost at the beginning of the fourth quarter of 2001, the impact of the event can be evaluated by comparing substance abuse and other measures of behaviors in the fourth quarter of 2001 with measures obtained in previous quarters.

A simple "pre-post" statistic is the difference between the level of a measure in quarter 4 of 2001 and its level in quarters 1 to 3 of the same year.

While the simple pre-post statistic is not unreasonable, observed differences may be due to seasonal variations in substance abuse, for example. To adjust for this seasonal variation, similar pre-post statistics were calculated for an aggregate of three unaffected urban areas. Definitions of the three geographic areas used in this report are given in ***Table C.1***.

Table C.1 Geographic Areas Used in the Analysis

Area	Abbreviation	Definition
New York City	NYC	New York City (the five boroughs)
New York CMSA	NYCMSA	New York–Northern New Jersey–Long Island, NY-NJ-CT-PA CMSA
Combined CMSA	COMB	LA: "Los Angeles–Riverside–Orange County, CA CMSA" Detroit: "Detroit–Ann Arbor–Flint, MI CMSA" Chicago: "Chicago–Gary–Kenosha, IL-IN-WI CMSA"

C.2.1 Analytic Approach

Our focus was on the potential effects of the September 11 events on behavior in the New York area in the fourth quarter of 2001. To be able to assess these effects, levels of drug use and other behaviors in that quarter, in NYC and in NYCMSA, were contrasted with levels in other time periods and/or with those levels in other areas.

Table C.2 shows the areas and time periods involved. The area denoted by NY can be either NYC or NYCMSA (see definitions in Table C.1).

In Table C.2, and in the definitions of the test statistics below, Q indicates an estimate of a level of drug use or other behavior. The fourth quarter of 2001 in NY is indicated in boldface, as this is where the effect of interest lies.

Table C.2 Time Periods and Geographic Areas

	2000		2001	
	Quarters 1-3	Quarter 4	Quarters 1-3	Quarter 4
NY	$Q_{1\text{-}3,NY}$	$Q_{4,NY}$	$Q_{1\text{-}3,NY}$	$\boldsymbol{Q_{4,NY}}$
COMB	$Q_{1\text{-}3,COMB}$	$Q_{4,COMB}$	$Q_{1\text{-}3,COMB}$	$Q_{4,COMB}$

Thus, differences between $\boldsymbol{Q_{4,NY}}$ and the other time periods and areas may be used to make inference on the effects of interest.

We have assessed the September 11 effects by considering the following four contrasts:

Within-Area Contrasts. The first test is a simple *within-area, within-year* pre-post contrast. It is defined by

$$T_1 = Q_{4,\text{Area},2001} - Q_{1-3,\text{Area},2001}$$

where Area = NYC, NYCMSA, or COMB.

The contrast T_1 may be deficient in confounding the September 11 and seasonality effects. Thus, we have also used a within-area contrast, adjusted for seasonality, by subtracting the estimated 2000 seasonality from T_1. This test statistic is given by

$$T_2 = \left[Q_{4,\text{Area},2001} - Q_{1-3,\text{Area},2001}\right] - \left[Q_{4,\text{Area},2000} - Q_{1-3,\text{Area},2000}\right].$$

When T_2 is applied to the NY areas, it compares the Q4 to Q1-3 differences in 2001 (consisting of both seasonality and September 11 effect) with the Q4 to Q1-3 differences in 2000 (consisting of seasonality alone).

The idea behind T_2 may be expressed in the following representation: Assuming (approximately) constant seasonality, this test statistic reflects the potential September 11 effect:

$$T_2 = [\text{seasonality in 2001 + 9/11 effect}] - [\text{seasonality in 2000}].$$

Thus, assuming seasonality did not change, T_2 estimates the September 11 effect.

Between-Area Contrasts. Pre-post within-year contrast, adjusted for seasonality by subtracting the estimated seasonality in the combined CMSA:

$$T_3 = \left[Q_{4,\text{NYCMSA},2001} - Q_{1-3,\text{NYCMSA},2001}\right] - \left[Q_{4,\text{COMB},2001} - Q_{1-3,\text{COMB},2001}\right].$$

The idea behind T_3 is similar to that behind T_2:

$$T_3 = [\text{seasonality in NYCMSA + 9/11 effect}] - [\text{seasonality in COMB}].$$

Thus, T_3 represents the September 11 effect when the following assumptions are made:

- If there was a September 11 effect, it was only in NYCMSA, not in COMB.

- Seasonality in NYCMSA (apart from the September 11 effect), is the same in NYCMSA and in COMB.

Lastly, the seasonal effects may not be the same in the NYCMSA as they are in COMB. Further, the level of change (apart from a September 11 effect) from 2000 to 2001 may not be the same in these areas. The last statistic, T_4, does not need to make these assumptions. It is, however, more complex and involves all time periods crossed with geographic regions, as depicted in ***Table C.3***.

Table C.3 Classification of Estimators and Relationships Between Them

	Within Year	Between Year
Within Area	$T_1 = Q_{4,\text{Area},2001} - Q_{1-3,\text{Area},2001}$	$T_2 = \left[Q_{4,\text{Area},2001} - Q_{1-3,\text{Area},2001}\right] - \left[Q_{4,\text{Area},2000} - Q_{1-3,\text{Area},2000}\right]$
Between Area	$T_3 = \left[Q_{4,\text{NYCMSA},2001} - Q_{1-3,\text{NYCMSA},2001}\right] - \left[Q_{4,\text{COMB},2001} - Q_{1-3,\text{COMB},2001}\right]$	$T_4 = \left\{\begin{matrix}\left[Q_{4,\text{NYCMSA},2001} - Q_{1-3,\text{NYCMSA},2001}\right] \\ -\left[Q_{4,\text{COMB},2001} - Q_{1-3,\text{COMB},2001}\right]\end{matrix}\right\} - \left\{\begin{matrix}\left[Q_{4,\text{NYCMSA},2000} - Q_{1-3,\text{NYCMSA},2000}\right] \\ -\left[Q_{4,\text{COMB},2000} - Q_{1-3,\text{COMB},2000}\right]\end{matrix}\right\}$

The test is defined by

$$T_4 = \left\{\left[Q_{4,\text{NYCMSA},2001} - Q_{1-3,\text{NYCMSA},2001}\right] - \left[Q_{4,\text{COMB},2001} - Q_{1-3,\text{COMB},2001}\right]\right\} - \left\{\left[Q_{4,\text{NYCMSA},2000} - Q_{1-3,\text{NYCMSA},2000}\right] - \left[Q_{4,\text{COMB},2000} - Q_{1-3,\text{COMB},2000}\right]\right\}$$

C.2.2 Explanation

There are four terms in T_4. The difference between the first two terms consists of the potential September 11 effect and the difference in the seasonality between NYCMSA and COMB. The difference between the last two terms consists only of the difference in the seasonality between NYCMSA and COMB. Thus, the difference in the seasonality cancels out, leaving only the September 11 effect.

Assume the following simplified model for the level of substance use:

$$Q_{\text{Quarter,Area,Year}} = L_{\text{Year,Area}} + S_{\text{Quarter,Area}} + 9/11 \text{ effect (in NY)} + \text{survey year effect}$$

where $L_{\text{Year,Area}}$ is the level, and where $S_{\text{Quarter,Area}}$ is the seasonal effect.

$$Q_{4,\text{NYCMSA},2001} - Q_{1\text{-}3,\text{NYCMSA},2001} = S_{4,\text{NYCMSA}} - S_{1\text{-}3,\text{NYCMSA}} + 9/11 \text{ effect}$$
$$Q_{4,\text{NYCMSA},2000} - Q_{1\text{-}3,\text{NYCMSA},2000} = S_{4,\text{NYCMSA}} - S_{1\text{-}3,\text{NYCMSA}}$$
$$Q_{4,\text{COMB},2001} - Q_{1\text{-}3,\text{COMB},2001} = S_{4,\text{COMB}} - S_{1\text{-}3,\text{COMB}}$$
$$Q_{4,\text{COMB},2000} - Q_{1\text{-}3,\text{COMB},2000} = S_{4,\text{COMB}} - S_{1\text{-}3,\text{COMB}}$$

By substituting these in the formula defining T_4, we get the result that T_4 = September 11 effect. Note that, in this case, it was not assumed that the seasonality effects were the same in both regions; neither was it assumed that there was no survey year effect.

A few relationships exist between the four test statistics discussed above.

Test statistics T_1 and T_2 are related by

$$T_3 = T_1(2001) - T_1(2000).$$

Test statistics T_1 and T_3 are related by

$$T_3 = T_1(\text{NYCMSA}) - T_1(\text{COMB}).$$

Test statistics T_3 and T_4 are related by

$$T_4 = T\ (2001) - T_3(2000).$$

Finally, test statistics T_2 and T_4 are related by

$$T_4 = T_2(\text{NYCMSA}) - T_2(\text{COMB}).$$

C.3 Sampling Error and Statistical Significance

The sampling error of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample

and by using efficient sample design and estimation strategies, such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated for all prevalence estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

C.3.1 Variance Estimation

Estimates of proportions, such as drug use prevalence rates, take the form of nonlinear statistics where the variances cannot be expressed in closed form. Variance estimation for nonlinear statistics is performed using a first-order Taylor series approximation in RTI's SUDAAN software package (Shah, Barnwell, & Bieler, 1996). The approximation is unbiased for sufficiently large samples and has proven to be at least as accurate and less costly to implement than its competitors, such as balanced repeated replication or jackknife methods (Rao & Wu, 1985).

C.3.2 Statistical Significance of Differences

This section describes the methods used to compare the prevalence estimates in this report. Customarily, the observed difference between estimates is evaluated in terms of its statistical significance. "Statistical significance" refers to the probability that a difference as large as that observed would occur due to random error in the estimates if there were no differences in the prevalence rates for the population groups being compared. The significance of observed differences in this report is reported at the 0.05 level. When making comparisons between, for example, the $Q_{4,2001}$ and $Q_{1\text{-}3,2001}$ estimates, one can test the null hypotheses (no difference in the $Q_{4,2001}$ and $Q_{1\text{-}3,2001}$ values) against the alternative hypothesis (there is a difference in these values) using the standard difference in proportions (or means) test expressed as

$$Z = \frac{p_1 - p_2}{\sqrt{var(p_1) + var(p_2) - 2cov(p_1,p_2)}},$$

where $p_1 = Q_{4,2001}$ estimate, $p_2 = Q_{1\text{-}3,2001}$ estimate, $var(p_1)$ = variance of $Q_{4,2001}$ estimate, $var(p_2)$ = variance of $Q_{1\text{-}3,2001}$, and $cov(p_1,p_2)$ = covariance between p_1 and p_2.

Under the null hypothesis, Z is asymptotically distributed as a normal random variable. Calculated values of Z can therefore be referred to as the unit normal distribution to determine

the corresponding probability level (i.e., p value). Estimates of Z along with its p value were calculated using RTI's SUDAAN, using the analysis weights and accounting for the sample design.

When making comparisons of estimates for different population subgroups from the same data year, the covariance term, which is usually small and positive, was ignored. This results in somewhat conservative tests of hypotheses that sometimes fail to establish statistical significance when in fact it exists.

C.3.3 Suppression Criteria for Unreliable Estimates

Estimates considered to be unreliable due to unacceptably large sampling error are not shown in this report and are noted by asterisks (*) in the tables and figures containing such estimates. The criterion used for suppressing estimates was based on the relative standard error (*rse*), which is defined as the ratio of the standard error (*se*) over the estimate.

Proportion estimates (p) within the range [$0<p<1$], rates, and corresponding estimated number of users were suppressed if:

$$rse[(-\ln(p)] > 0.225 \text{ when } p < 0.5$$
or
$$rse[(-\ln(1-p)] > 0.225 \text{ when } p \geq 0.5$$

Using a first-order Taylor series approximation to estimate $rse[(-\ln(p)]$ and $rse[(-\ln(1-p)]$, we have the following, which was used for computational purposes:

$$\frac{se(p)/p}{-\ln(p)} > 0.225 \text{ when } p < 0.5$$
or
$$\frac{se(p)/(1-p)}{-\ln(1-p)} > 0.225 \text{ when } p \geq 0.5.$$

The difference in formula for $p < 0.5$ versus $p \geq 0.5$ produces a symmetric suppression rule; that is, if p is suppressed, then so will $1-p$. This is an ad hoc rule that requires an effective sample size in excess of 30. The effective sample size is defined as the sample size under a simple random sample design that will yield the same precision (Kish, 1965, p. 162). When $0.05 < p < 0.95$, the symmetric properties of the rule produces a local maximum effective sample size of 42 at $p = 0.5$. Thus, estimates with these values of p along with effective sample sizes falling below 42 will be suppressed. A local minimum effective sample size of 30 occurs at

$p = 0.2$ and again at $p = 0.8$ within this same interval, so estimates will be suppressed for these values of p with effective sample sizes below 30.

In other NHSDA surveys, this type of varying sample size restriction sometimes produced unusual occurrences of suppression for a particular combination of prevalence rates. For example, in other NHSDA surveys, lifetime prevalence rates near $p = 0.5$ were suppressed while not suppressing the corresponding past year or past month estimates near $p = 0.2$. To reduce the occurrence of this type of inconsistency, a minimum effective sample size was added to the suppression criteria. As p approaches 0.00 or 1.00 outside the interval (0.05, 0.95), the suppression criteria will still require increasingly larger effective sample sizes. For example, if $p = 0.01$ and 0.001, the effective sample size must exceed 92 and 414, respectively.

In addition, a minimum nominal sample size ($n=60$) is required to protect against unreliable estimates caused by small design effects and small nominal sample sizes. Prevalence estimates were also suppressed if they were close to zero or 100 percent (i.e., if $p < .00005$ or if $p \geq .99995$).

Estimates of continuous variables in this report (i.e., estimates of means) were suppressed if the relative standard error was greater than 0.5 or if the estimate was based on a nominal sample size less than 10.

C.4 Nonsampling Errors

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures, such as response rates, and from other research studies.

C.4.1 Response Rates

The nature of data collection for the NHSDA makes it possible to compare screening and interview response rates prior to and after the events of September 11. The bulk of all screening and interviewing field work is generally completed in the first two months of each quarter and

the third month of each quarter is used to completed these activities. Because September 11 occurred in the third month of Quarter 3, 2001, national field staff had completed most of the screening and interviewing work for that quarter.

Table C. 4 presents the weighted screening and interview response rates for NYC, the NY CMSA, and the C-CMSA by age group and gender. As shown, the interview and screening response rates generally decreased in NYC and NY CMSA from the first three quarters of 2001 to the fourth quarter, while rates were more stable in the combined CMSAs. In 2000, however, screening and response rates generally increased for most groups in all three areas between the first three quarters and the fourth quarter.

C.4.2 Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 98 percent for most questionnaire items. However, inconsistent responses for some items, including the drug use items, are common. Estimates of substance use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgment on the part of survey analysts and is a potential source of nonsampling error. Because of the automatic routing through the computer-assisted interviewing (CAI) questionnaire (e.g., lifetime drug use questions that skip entire modules when answered "no"), there is less editing of this type than in the paper-and-pencil interviewing (PAPI) questionnaire used prior to 1999.

In addition, less logical editing is used because with the CAI data, statistical imputation is relied on more heavily to determine the final values of drug use variables in cases where there is the potential to use logical editing to make a determination. The combined amount of editing and imputation in the CAI data is still considerably less than the total amount used in prior PAPI surveys. For the 2000 CAI data, for example, 3.2 percent of the estimate of past month hallucinogen use is based on logically edited cases and 5.4 percent on imputed cases, for a combined amount of 8.6 percent. The combined amount of editing and imputation for the estimate of past month heroin use is 5.0 percent for the 2000 CAI.

C.4.3 Validity of Self-Reported Use

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed. No adjustment to NHSDA data is made to correct for this factor due to a number of studies addressing the validity of self-reported drug use

Table C.4 Weighted Screening and Interview Response Rates for Selected Areas by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
New York City				
Screening Response Rate	82.79	86.14	80.26	74.97
Interview Response Rate				
12 or Older	71.62	76.44	65.65	63.94
12–17	89.87	87.84	82.75	80.38
18 or Older	69.63	75.47	64.07	62.03
Males	69.74	75.24	63.72	65.50
Females	73.26	77.87	67.32	62.68
New York CMSA				
Screening Response Rate	87.93	88.74	84.83	82.63
Interview Response Rate				
12 or Older	69.16	72.65	69.16	66.00
12–17	83.72	84.15	82.54	78.14
18 or Older	67.64	71.53	67.77	64.59
Males	67.80	73.24	67.90	64.86
Females	70.43	72.05	70.31	66.90
Combined CMSAs of LA, Detroit, and Chicago				
Screening Response Rate	89.79	91.20	89.23	90.05
Interview Response Rate				
12 or Older	68.35	69.43	68.36	70.05
12–17	80.61	80.70	81.14	78.26
18 or Older	66.96	67.84	66.92	69.05
Males	66.10	68.00	66.70	73.49
Females	70.52	70.73	69.93	66.95

CMSA = consolidated metropolitan statistical area.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

data (e.g., Harrell, 1997; Harrison & Hughes, 1997; Rouse, Kozel, & Richards, 1985). The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Aquilino, 1994; Turner, Lessler, & Gfroerer, 1992). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be substantial (Gfroerer, 1993; Gfroerer, Wright, & Kopstein, 1997; Bullington & Ginsberg, 2001).

C.4.4 NHSDA Field Interviewer Perspectives on How September 11 Influenced Respondent Behavior

In March 2002, NHSDA field interviewers gave their impressions during focus groups about how the September 11 terrorist attacks had influenced the behavior of survey respondents. Issues included changes in response rates, such as the number of calls required to make initial contact; the discontinuation and resumption of interviewing; and other changes in respondents' behaviors, including their interactions with the field interviewers. A total of 21 interviewers (19 women and two men) took part in four focus group sessions, all of which were conducted by telephone conference calls. Two of the groups were composed of field interviewers selected from across the United States but outside the New York and Washington, DC, metropolitan areas (11 interviewers working in nine states immediately before and after the attacks). Another focus group was composed of five interviewers working in Washington and southern Maryland, and the remaining group of five interviewers were working in NYC and nearby portions of Connecticut and New Jersey before and after the attacks. The following summaries of their comments are grouped according to three locations where the interviewers worked: metropolitan areas of New York and Washington, and a national group from across the nation but outside the New York and Washington areas.

New York. The New York metropolitan area interviewers generally agreed that some respondents were more willing to participate in NHSDA following September 11 but that this effect was temporary. The interviewers indicated that some respondents were more willing to participate for patriotic reasons, because of the survey's association with the government, and out of a general desire to help in the aftermath of the attacks. However, the interviewers also indicated that they faced difficulties resulting from terrorism. For example, more respondents indicated that they had not read NHSDA lead letters, which are mailed to potential respondents informing them about a future home visit by an interviewer. This behavior may have been influenced by the anthrax letters received in the New York area, Washington, and Florida during the months following September 11, which killed five people and infected many others.

Some of the other findings from the New York group of five interviewers are these:

- Regarding the lead letter, the discrepancy between the postmark and letterhead address made some recipients suspicious.

- One interviewer believed more people were at home following the attacks, one believed fewer were at home, and two saw no difference.

- In an area where people had lost their jobs as a result of the attacks, the number of refusals were relatively high.

- One interviewer used September 11 as a way to encourage respondents to participate, saying "government puts higher priority" on the survey following the attacks, and one interviewer used President Bush's State of the Union request that people contribute their time to community service as a way to encourage participation.

- People from the Middle East appeared to be nervous about government officials visiting their homes.

- Interviewers said bigger badges are better, adding that some respondents have commented that the lead letter and smaller badge looked unofficial or homemade.

- A few respondents did not wish to lick the verification envelope seal, due to the anthrax scare.

- Traffic and transportation problems for interviewers were worse in NYC following the attacks.

Washington, DC. The field interviewers in Washington, DC and southern Maryland reported that, following the attacks, their badges were more helpful in convincing people of their legitimacy. There were no respondent comments regarding anthrax. However, field interviewers believed the anthrax letters caused a delay in mail delivery, which prevented some respondents from receiving their NHSDA introductory lead letters prior to the home visits. The interviewers believed their ability to contact respondents in some households was somewhat reduced due to heightened security measures, particularly among respondents living in college residences. Also, some military and National Guard members could not be reached because they had been called to active duty as a result of the attacks and therefore were away from their homes. Interviewers said their travel was more difficult following the attacks due to additional security measures, including new parking restrictions and road closings.

Some other findings from the five interviewers from Washington and southern Maryland are these:

- Interviewers generally felt respondents were reassured by the lead letter, but the letters were less reassuring in inner-city neighborhoods.

- Because of tighter security at such places as college campuses, interviewers recommended that managers coordinate NHSDA work on campuses with campus administrators.

- Larger badges were "more helpful" in gaining respondent confidence.

- One of the five interviewers noticed significantly more refusals after the attacks, but another saw no difference in respondent cooperation. One interviewer noticed a difference in how respondents reacted but not in their willingness to participate.

National. The field interviewers from nine states[1] outside of the Washington and New York metropolitan regions indicated that the events of September 11 influenced a few respondents to be more willing to participate but that this effect was temporary. An African-American female interviewer said that white males are typically the most reluctant group for her to interview but that white males seemed to take more time to listen following the attacks. The interviewers generally agreed that displaying their badges helped to gain cooperation from respondents. The field interviewers in these two focus groups also stated, however, that they faced some additional challenges as a result of September 11. In one incident, a respondent asked that a police officer be present during the scheduled home visit.

Other observations by the 11 interviewers include these:

- None of the interviewers noticed concerns related to the anthrax scare.

- Interviewers received numerous questions or comments from recipients regarding the number of agencies and organizations identified by the survey. The lead letter uses a Department of Health and Human Services letterhead while interviewers identify themselves as being from RTI, representing the U.S. Public Health Service. Letters use different return addresses and postmarks.

- In the first few weeks after September 11, interviewers believed people were more willing to participate. The effect, however, seemed to fade after about a month.

- Some interviewers wore flags on their badges after September 11 and believed badges encouraged cooperation.

- Some interviewers felt foreign-born respondents were more hesitant to cooperate. Interviewers said these respondents may have been more fearful of being deported or thought the government was investigating to see if they were associated with terrorists. However, some respondents from the Middle East seemed more willing to cooperate and wanted to make statements supporting America.

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[1]Alabama, California, Illinois, Indiana, Michigan, Montana, Pennsylvania, Texas, and Utah.

- In a town near a military base, people were generally more hesitant to participate or suspicious following the attacks.

- No difficulties or differences in travel were mentioned by these focus groups.

Conclusions. The willingness of respondents to participate may have generally increased following the September 11 attacks, although specific groups may have been more reluctant to participate. However, field interviewers viewed these effects as temporary.

Interviewers generally believe the quality of their identification materials (badge and lead letter) can significantly affect respondent confidence. Better, larger badges seem to encourage participation, while identifying several agencies and organizations within the lead letter and verbal introductions may confuse some respondents, discouraging them from participating.

Only the New York area interviewers noticed concerns among respondents resulting from anthrax letters. Some New York and Washington field interviewers indicated that traveling and parking were more difficult as a result of stricter security following the September 11 attacks, while none of the interviewers outside the metropolitan areas noticed changes in travel or parking conditions.

Appendix D
Mental Health Variable Specifications for September 11 Analysis

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Mental Health Variable Specifications for September 11 Analysis

Listed below are the mental health problem variable specifications used for the September 11 analysis. These specifications are based on those defined in the 2001 CAI questionnaire, with a few minor adjustments. Note that these data are only available for 2001. Also, only persons aged 18 or older were asked these questions; thus, the 23,133 youths aged 12 to 17 interviewed in 2001 were excluded from the analyses. This document uses the CAI specification variable names for ease in referencing the specifications, but final edited data were used for generating all the estimates found in the tables.

D.1 Distress

Listed below are the questions and definition of the source variables that were used to define "distress."

> Question: "Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed. If there was no month like this, think of a typical month. During that month, how often did you feel:
>
> DSEFFORT - that everything was an effort?
> DSDOWN - down on yourself, no good, or worthless?
> DSTIRED - tired out for no good reason?
> DSHOPE - hopeless?
>
> DSNERV1 - nervous?
> DSNERV2 - so nervous that nothing could calm you down?
>
> DSFIDG - restless or fidgety?
> DSSITSTL - so restless or fidgety that you could not sit still?
>
> DSDEPR - sad or depressed?
> DSNOCHR - so sad or depressed that nothing could cheer you up?"

For each of the distress criteria, we defined a value of 1 to indicate the respondent qualified for that distress criteria and a value of 0 to indicate he/she did not qualify. The first four source variables listed above are used independently to define one distress criterion each. Due to some

connecting skip patterns for a few of the other source variables, we have paired those questions with connecting skip logic into one criterion each for distress. Therefore, the last six source variables listed above are grouped into three pairs since the first of each pair is a gateway question to the second. A combined rule over both questions was used for these to determine if respondents qualified for that measure.

The criteria variables were recoded as follows for the *first four source variables* listed above (DSEFFORT, DSDOWN, DSTIRED, DSHOPE):

1. Defined as positive (i.e., recode = 1) if respondents reported that they experienced that situation "all of the time, most of the time, or some of the time" (source var = 1,2,3).

2. Otherwise, defined as negative (i.e., recode = 0) if respondents reported that they experienced that situation "a little of the time" or "none of the time" (source var = 4,5).

3. Otherwise set to missing and excluded.

The criteria variables were recoded as follows for the *three paired variables* listed above (DSNERV1, DSNERV2; DSFIDG, DSSITSL; DSDEPR, DSNOCHR):

1. Defined as positive (i.e., recode = 1) if respondents reported that they experienced the first OR second situations "all of the time, most of the time, or some of the time" (either source var = 1,2,3). This includes those who indicated a positive for the first situation but did not respond to the second situation (don't know, refused, etc).

2. Defined as negative (i.e., recode = 0) if respondents reported that they experienced the first situation OR second situation "a little of the time" or "none of the time" (second source var = 4,5). This includes those who indicated a negative for the first situation but did not respond to the second situation (don't know, refused, etc).

3. Otherwise set to missing and excluded (both answers of don't know, refused, no answer, etc).

For reference, we have included a sample of one of the paired criteria to show the way they were created (note that all the 2000 cases [n = 71,764] are missing since data were not available in 2000). Missing data are indicated by a period in the age 18 column. Data are shown for persons aged 18 or older (age18 = 2). DSTNRVOS corresponds to CAI spec DSNERV1 and DSTNCALM corresponds to DSNERV2:

age18	di5	DSTNRVOS	DSTNCALM	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	.	.	71764	51.01	71764	51.01
2	.	85	85	8	0.01	94905	67.46
2	.	85	98	2	0.00	94907	67.46
2	.	94	98	349	0.25	95256	67.70
2	.	97	97	274	0.19	95530	67.90
2	.	98	98	61	0.04	95591	67.94
2	0	4	4	3312	2.35	98903	70.30
2	0	4	5	11843	8.42	110746	78.71
2	0	4	94	26	0.02	110772	78.73
2	0	4	97	2	0.00	110774	78.73
2	0	5	99	16572	11.78	127346	90.51
2	1	1	1	329	0.23	127675	90.75
2	1	1	2	260	0.18	127935	90.93
2	1	1	3	152	0.11	128087	91.04
2	1	1	4	79	0.06	128166	91.10
2	1	1	5	137	0.10	128303	91.19
2	1	1	94	4	0.00	128307	91.20
2	1	1	97	2	0.00	128309	91.20
2	1	1	98	1	0.00	128310	91.20
2	1	2	1	124	0.09	128434	91.29
2	1	2	2	1084	0.77	129518	92.06
2	1	2	3	921	0.65	130439	92.71
2	1	2	4	857	0.61	131296	93.32
2	1	2	5	1176	0.84	132472	94.16
2	1	2	94	11	0.01	132483	94.16
2	1	2	97	6	0.00	132489	94.17
2	1	3	1	48	0.03	132537	94.20
2	1	3	2	236	0.17	132773	94.37
2	1	3	3	1445	1.03	134218	95.40
2	1	3	4	2365	1.68	136583	97.08
2	1	3	5	3507	2.49	140090	99.57
2	1	3	94	11	0.01	140101	99.58
2	1	3	97	1	0.00	140102	99.58
2	1	4	1	37	0.03	140139	99.61
2	1	4	2	100	0.07	140239	99.68
2	1	4	3	454	0.32	140693	100.00

Note that even though we are combining these paired variables into one criterion over both variables, it still classifies a respondent as a "Yes" for distress if he or she said "Yes" to either question.

Therefore, our final distress analysis variable (DISTRESS) is defined as follows:

1. Defined as distressed (i.e., DISTRESS = 1) if respondents reported positive for any of the seven criteria.

2. Otherwise, defined as not being distressed (i.e., DISTRESS = 0) if respondents reported negative to four or more of the seven criteria.

3. Otherwise, set to missing and excluded.

Our final number of distress symptoms variable (DTSYMP) is defined as follows:

1. Defined only for respondents who are distressed (DISTRESS = 1).

2. Then number of symptoms is computed by summing up the number of criteria for which respondents reported positive, giving us a range of 1 to 7.

3. Otherwise, set to missing and excluded.

We have included below some frequencies to show the final analysis variables based on this criterion (note that all the 2000 cases [n = 71,764] are missing since data were not available in 2000).

age18	distress	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	71764	51.01	71764	51.01
2	.	556	0.40	95453	67.84
2	0	22276	15.83	117729	83.68
2	1	22964	16.32	140693	100.00

age18	dtsymp	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	71764	51.01	71764	51.01
2	.	22832	16.23	117729	83.68
2	1	6394	4.54	124123	88.22
2	2	3539	2.52	127662	90.74
2	3	2790	1.98	130452	92.72
2	4	2360	1.68	132812	94.40
2	5	2310	1.64	135122	96.04
2	6	2331	1.66	137453	97.70
2	7	3240	2.30	140693	100.00

D.2 Disorder

These are 20 disorder questions coming from a variety of gateway questions, and we have included pertinent question information for each source variable.

DEFEELPR - Changes in sleep, energy, appetite, or ability to concentrate when sad/depressed?
DELOSTPR - Changes in sleep, energy, appetite.....when lost interest in things?
MASLEEP - Could hardly sleep, but still not tired when excited or hyper?
MAPWRS - Had special powers when excited or hyper?

GAPROB - Difficulties in sleep or concentration, feeling dizzy, easily tired, on edge, or irritable?
NPVOICE - Voices coming from inside your head or out of the air?
NPFORCE - Force taking over your mind?
NPXRAY - Force inserting thoughts into your head by x-rays or laser beams?
NPTHGHTS - Your own thoughts were being stolen out of your mind?
NPCOMM - Some force trying to communicate with you by sending signs or signals?
NPPLOT - Unfair plot going on to harm you?
NPVISION - In past 12 months have you seen a vision?
PNATKNUM - How many sudden attacks of fear in the past year?
PTWEEK1 - In how many weeks did you have adverse reactions to very stressful situations?

PHAVOID1 - How often do you try to avoid your most feared social situation?
PHAVD - How often do you try to avoid other feared public activities?
PHUPSET1 - How fearful of most feared social situation?
PHFEAR - How fearful of most feared public situation?
PHLIFE1 - How much does fear of social situation interfere with everyday activities?
PHINT - How much does fear of public situation interfere with everyday activities?

Due to the level of variation in the possible responses and the skip logic of the preceding source variables, we defined disorder criteria such that a value of 1 indicates the respondent qualified for that criterion and a value of 0 indicates he/she did not qualify. The first 14 source variables listed above are recoded independently. The last six source variables are interrelated due to skip logic and are grouped into three pairs. For the pairs, a combined rule over both questions was used to determine if respondents qualified for that criteria.

The first 14 criteria were recoded as either a positive, negative, or unknown as described below:

Positive responses to first 14 source variables:

- For each of the first 12 source variables listed above, defined as positive (i.e., recode = 1) if respondents reported a "Yes" (source = 1).

- For PNATKNUM, defined as positive (i.e., recode = 1) when respondents reported between 4 and 500 sudden fear attacks (source = 4 - 500).

- For PTWEEK1, defined as positive (i.e., recode = 1) when respondents reported between 4 and 52 weeks where they had adverse reaction to stress (source = 4 - 52).

Negative responses to first 14 source variables:

- For each of the first 12 source variables listed above, defined as negative (i.e., recode = 0) if respondents reported a "No" or legitimately skipped question (if applicable) (source = 2,99).

- For PNATKNUM, defined as negative (i.e., recode = 0) when respondents said they had less than four attacks of fear in past year or legitimately skipped question (source = 1,2,3,999).

- For PTWEEK1, defined as negative (i.e., recode = 0) when respondents said they had adverse reactions to stress in less than 4 weeks or legitimately skipped question (source = 1,2,3,99).

Otherwise for first 14 source variables, all other cases defined as missing and excluded.

The last six source variables have connecting skip logic, so they were grouped in pairs accordingly. PHUPSET1 is a gateway question for both PHAVOID1 and PHLIFE, and PHFEAR is a gateway question for both PHAVD and PHINT.

Definition for four paired criteria:

- Paired criteria 1 defined as positive when respondent reported "Fear is severe" for social situations (PHUPSET1 = 3) OR tries to avoid social situations "Often" (PHAVOID1 = 1).

- Paired criteria 1 defined as negative when respondent reported "Fear is mild" or "Fear is moderate" for social situations or legitimately skipped question (PHUPSET1 = 1,2,99) OR said "Sometimes, rarely, never" avoids social situations or legitimately skipped question (PHAVOID1 = 2,3,4,99).

- Otherwise, all other cases defined as missing and excluded.

- Paired criteria 2 defined as positive when respondent reported "Fear is severe" for social situations (PHUPSET1 = 3) OR fear interferes with everyday activities "A lot" (PHLIFE1 = 4).

- Paired criteria 2 defined as negative when respondent reported "Fear is mild" or "Fear is moderate" for social situations or legitimately skipped question (PHUPSET1 = 1,2,99) OR when fear interferes with everyday activities "Not at all, a little, or some" or legitimately skipped question (PHLIFE1 = 1,2,3,99).

- Otherwise, all other cases defined as missing and excluded.

- Paired criteria 3 defined as positive when respondent reported "Fear is severe" in situation (PHFEAR = 3) OR "Often" tries to avoid situation (PHAVD = 1).

- Paired criteria 3 defined as negative when respondent reported "Fear is mild" or "Fear is moderate" for situation or legitimately skipped question (PHFEAR = 1,2,99) OR said "Sometimes, rarely, never" avoids situation or legitimately skipped question (PHAVD = 2,3,4,99).

- Otherwise, all other cases defined as missing and excluded.

- Paired criteria 4 defined as positive when respondent reported "Fear is severe" in situation (PHFEAR = 3) OR fear interferes with everyday activities "A lot" (PHINT = 4).

- Paired criteria 4 defined as negative when respondent reported "Fear is mild" or "Fear is moderate" in situation or legitimately skipped question (PHFEAR = 1,2,99) OR when fear interferes with everyday activities "Not at all, a little, or some" or legitimately skipped question (PHINT = 1,2,3,99).

- Otherwise, all other cases defined as missing and excluded.

For reference, we have included a sample of one of the paired criteria (do13) to show the way they were created (note that all the 2000 cases [n = 71,764] are missing since data were not available in 2000). PHBLEVEL corresponds to CAI specification PHUPSET1 and PHBAVOID corresponds to PHAVOID1:

age18	do13	PHBLEVEL	PHBAVOID	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	.	.	71764	51.01	71764	51.01
2	.	94	98	15	0.01	94912	67.46
2	.	97	97	183	0.13	95095	67.59
2	.	98	98	211	0.15	95306	67.74
2	0	1	99	2564	1.82	97870	69.56
2	0	2	2	2537	1.80	100407	71.37
2	0	2	3	703	0.50	101110	71.87
2	0	2	4	105	0.07	101215	71.94
2	0	2	94	9	0.01	101224	71.95
2	0	99	99	36060	25.63	137284	97.58
2	1	2	1	1736	1.23	139020	98.81
2	1	3	1	1261	0.90	140281	99.71
2	1	3	2	326	0.23	140607	99.94
2	1	3	3	64	0.05	140671	99.98
2	1	3	4	20	0.01	140691	100.00
2	1	3	94	2	0.00	140693	100.00

Using the above recoded (yes, no, missing) criteria variables, we then created two final disorder analysis variables that were used to generate the disorder estimates. We have included below some frequencies to show the final analysis variable based on these criteria.

Disorder (DISORDER):

1. Defined as having disorder (DISORDER = 1) if respondents were coded as positive for 1 or more of the 18 criteria (14 individual and 4 paired criteria).

2. Otherwise, defined as not having disorder (DISORDER = 0) if respondents were coded as negative for 9 or more source variables.

3. Otherwise, set to missing and excluded.

age18	disorder	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	71764	51.01	71764	51.01
2	.	266	0.19	95163	67.64
2	0	34881	24.79	130044	92.43
2	1	10649	7.57	140693	100.00

Mean Number of Disorder Symptoms (DOSYMP):

1. Defined only for respondents who are defined as having disorder (DISORDER = 1).

2. Compute number of symptoms by summing up the number of criteria for which respondents reported positive, giving us a range of 1 to 18.

3. Otherwise, set to missing and excluded.

age18	dosymp	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	.	71764	51.01	71764	51.01
2	.	35147	24.98	130044	92.43
2	1	5199	3.70	135243	96.13
2	2	2582	1.84	137825	97.96
2	3	1164	0.83	138989	98.79
2	4	625	0.44	139614	99.23
2	5	377	0.27	139991	99.50
2	6	250	0.18	140241	99.68
2	7	157	0.11	140398	99.79
2	8	124	0.09	140522	99.88
2	9	59	0.04	140581	99.92
2	10	47	0.03	140628	99.95
2	11	28	0.02	140656	99.97
2	12	14	0.01	140670	99.98
2	13	11	0.01	140681	99.99
2	14	7	0.00	140688	100.00
2	15	3	0.00	140691	100.00
2	17	2	0.00	140693	100.00

Appendix E
Prevalence and Standard Error Tables

Table E.1 Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		5.6	4.9	10.9	9.2
Marijuana		3.6	4.4	7.1	7.8
Psychotherapeutics[2]		1.8	0.3	3.7	2.1
Alcohol		42.5	42.7	40.0	41.4
Cigarettes		19.2	27.7	23.6	20.1
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	14.9	12.4	13.2
Mean Number of Drinks/Day Among Drinkers		3.3	3.1	3.0	2.8
Mean Number of Binge Days Among Drinkers[3]		1.4	1.3	1.9	2.8
Mean Number of Days Smoked Among Cigarette Smokers		22.1	21.9	21.9	23.0
Substance Abuse Treatment					
Past Month Treatment		0.6	0.4	2.3	1.5
Past Year Treatment		1.3	0.6	2.6	2.5
Currently in Treatment		0.6	0.2	2.2	1.1
Past Year Mental Health Problems[4]					
Distress[5]		--	--	38.2	44.6
Disorder[5]		--	--	18.1	24.7
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.8
Mean Number of Disorder Symptoms Among Persons with Disorders	a	--	--	2.6	1.9
Mental Health Treatment					
Past Year Treatment		9.7	8.7	10.1	11.8
Religion					
Religious Beliefs Very Important		74.8	74.7	72.1	70.1

•Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.2 Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York City, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		7.6	6.7	6.3	6.2
Marijuana		5.0	5.4	4.0	3.6
Psychotherapeutics[2]	b	2.4	*	1.1	1.8
Alcohol		13.9	14.4	13.1	11.7
Cigarettes		10.2	12.4	7.7	6.6
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	*	7.2	*
Mean Number of Drinks/Day Among Drinkers		2.7	2.9	3.0	2.7
Mean Number of Binge Days Among Drinkers[3]	a	1.6	1.3	3.0	0.7
Mean Number of Days Smoked Among Cigarette Smokers		14.7	*	14.3	14.0
Substance Abuse Treatment					
Past Month Treatment		0.3	*	0.4	0.8
Past Year Treatment		0.5	*	0.9	2.4
Currently in Treatment		0.3	*	0.4	0.3
Past Year Mental Health Problems					
Distress[4]		--	--	--	--
Disorder[4]		--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress		--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	--	--
Mental Health Treatment					
Past Year Treatment	b	12.9	4.9	13.8	16.1
Religion					
Religious Beliefs Very Important		78.1	78.5	76.9	84.0

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.3 Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		5.3	4.7	11.4	9.5
Marijuana		3.5	4.3	7.4	8.3
Psychotherapeutics[2]		1.7	0.3	4.0	2.1
Alcohol		45.5	45.7	42.8	44.5
Cigarettes		20.1	29.3	25.3	21.6
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	16.0	12.8	13.5
Mean Number of Drinks/Day Among Drinkers		3.3	3.1	3.0	2.8
Mean Number of Binge Days Among Drinkers[3]		1.4	1.3	1.8	2.9
Mean Number of Days Smoked Among Cigarette Smokers		22.5	22.6	22.2	23.3
Substance Abuse Treatment					
Past Month Treatment		0.7	0.3	2.5	1.5
Past Year Treatment		1.4	0.5	2.8	2.5
Currently in Treatment		0.7	*	2.4	1.2
Past Year Mental Health Problems					
Distress[4]		--	--	38.2	44.6
Disorder[4]		--	--	18.1	24.7
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.8
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.6	1.9
Mental Health Treatment	a				
Past Year Treatment		9.4	9.1	9.7	11.4
Religion					
Religious Beliefs Very Important		74.4	74.3	71.6	68.6

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.4 Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		7.7	8.6	11.9	14.1
Marijuana		5.4	7.9	7.2	13.6
Psychotherapeutics[2]		1.9	0.7	4.2	2.9
Alcohol		49.5	51.4	47.9	53.5
Cigarettes		22.2	23.9	25.4	25.6
Mean Number of Days Used Marijuana Among Marijuana Users		8.2	16.7	15.2	15.0
Mean Number of Drinks/Day Among Drinkers		3.8	3.7	3.5	2.9
Mean Number of Binge Days Among Drinkers[3]		1.8	1.6	2.4	3.7
Mean Number of Days Smoked Among Cigarette Smokers		21.2	25.5	21.9	22.6
Substance Abuse Treatment					
Past Month Treatment		*	0.6	3.4	1.6
Past Year Treatment		0.9	0.6	3.8	3.7
Currently in Treatment		*	*	3.3	1.0
Past Year Mental Health Problems[4]					
Distress[5]		--	--	36.8	40.5
Disorder[5]		--	--	16.4	19.7
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.1	3.6
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.8	1.9
Mental Health Treatment					
Past Year Treatment		7.3	8.6	12.8	9.9
Religion					
Religious Beliefs Very Important		66.1	71.0	70.4	65.3

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.5 Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		3.6	1.6	10.1	4.9
Marijuana		2.1	1.3	7.1	2.8
Psychotherapeutics[2]		1.6	*	3.3	1.3
Alcohol		36.3	35.1	33.0	30.6
Cigarettes	b	16.5	31.0	22.0	15.3
Mean Number of Days Used Marijuana Among Marijuana Users		10.6	*	10.0	5.1
Mean Number of Drinks/Day Among Drinkers		2.6	2.3	2.3	2.6
Mean Number of Binge Days Among Drinkers[3]		1.0	1.0	1.3	1.4
Mean Number of Days Smoked Among Cigarette Smokers		23.2	19.6	22.0	23.6
Substance Abuse Treatment					
Past Month Treatment		1.2	0.3	1.2	1.3
Past Year Treatment		1.8	0.7	1.5	1.4
Currently in Treatment		1.2	0.3	1.2	1.2
Past Year Mental Health Problems[4]					
Distress[5]		--	--	39.5	48.2
Disorder[5]		--	--	19.6	29.0
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.7	3.9
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.4	1.8
Mental Health Treatment					
Past Year Treatment		11.9	8.8	7.8	13.5
Religion					
Religious Beliefs Very Important		82.4	*	73.6	74.4

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.6 Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		5.3	3.7	7.0	7.2
Marijuana		3.9	2.8	4.9	6.4
Psychotherapeutics[2]		1.4	0.9	2.1	1.6
Alcohol		49.1	53.8	48.0	53.7
Cigarettes		20.3	23.7	22.0	21.0
Mean Number of Days Used Marijuana Among Marijuana Users		10.6	13.5	11.1	11.2
Mean Number of Drinks/Day Among Drinkers		3.7	2.8	2.8	2.6
Mean Number of Binge Days Among Drinkers[3]		1.5	1.1	1.5	1.7
Mean Number of Days Smoked Among Cigarette Smokers		22.1	22.4	21.7	22.5
Substance Abuse Treatment					
Past Month Treatment		0.7	0.2	1.0	0.7
Past Year Treatment		1.1	1.1	1.2	1.6
Currently in Treatment		0.7	0.0	1.0	0.5
Past Year Mental Health Problems[4]					
Distress[5]		--	--	41.7	46.2
Disorder[5]		--	--	15.9	20.9
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.5
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	2.0
Mental Health Treatment					
Past Year Treatment		8.7	8.9	10.4	10.2
Religion					
Religious Beliefs Very Important		78.2	74.5	74.1	73.7

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.7 Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		8.7	8.0	8.3	8.9
Marijuana		6.6	6.0	5.0	6.9
Psychotherapeutics[2]		2.2	2.2	2.3	2.2
Alcohol		15.8	19.2	16.9	13.8
Cigarettes		12.3	11.2	10.5	10.9
Mean Number of Days Used Marijuana Among Marijuana Users		8.8	8.5	6.9	8.9
Mean Number of Drinks/Day Among Drinkers		4.8	5.9	3.8	4.8
Mean Number of Binge Days Among Drinkers[3]		2.1	2.9	2.0	1.9
Mean Number of Days Smoked Among Cigarette Smokers		15.5	10.1	14.5	14.6
Substance Abuse Treatment					
Past Month Treatment		0.7	0.5	0.5	0.6
Past Year Treatment		0.9	0.9	1.0	1.5
Currently in Treatment		0.5	0.5	0.5	0.1
Past Year Mental Health Problems					
Distress[4]		--	--	--	--
Disorder[4]		--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress		--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	--	--
Mental Health Treatment					
Past Year Treatment	b	16.2	9.5	17.7	21.0
Religion					
Religious Beliefs Very Important		80.1	81.9	73.5	77.6

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.8 Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		4.9	3.2	6.9	7.0
Marijuana		3.6	2.5	4.9	6.4
Psychotherapeutics[2]		1.3	0.8	2.0	1.6
Alcohol	a	52.6	57.5	51.4	58.0
Cigarettes		21.2	25.0	23.2	22.1
Mean Number of Days Used Marijuana Among Marijuana Users		10.9	14.7	11.6	11.4
Mean Number of Drinks/Day Among Drinkers		3.6	2.7	2.8	2.6
Mean Number of Binge Days Among Drinkers[3]		1.5	1.1	1.5	1.7
Mean Number of Days Smoked Among Cigarette Smokers		22.5	23.0	22.1	22.9
Substance Abuse Treatment					
Past Month Treatment		0.7	0.1	1.1	0.8
Past Year Treatment		1.1	1.2	1.3	1.6
Currently in Treatment		0.7	*	1.0	0.6
Past Year Mental Health Problems					
Distress[4]		--	--	41.7	46.2
Disorder[4]		--	--	15.9	20.9
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.5
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	2.0
Mental Health Treatment					
Past Year Treatment		7.9	8.9	9.6	9.1
Religion					
Religious Beliefs Very Important		78.0	73.7	74.1	73.3

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.9 Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		6.7	5.8	7.0	10.0
Marijuana	a,b	5.2	4.7	5.1	9.3
Psychotherapeutics[2]		1.5	1.2	1.7	2.3
Alcohol		54.8	60.3	54.6	61.0
Cigarettes		23.0	19.3	22.7	22.3
Mean Number of Days Used Marijuana Among Marijuana Users		11.1	15.0	12.9	13.7
Mean Number of Drinks/Day Among Drinkers		4.2	3.4	3.3	3.0
Mean Number of Binge Days Among Drinkers[3]	b	2.0	1.2	2.1	2.4
Mean Number of Days Smoked Among Cigarette Smokers		21.3	24.8	21.9	22.8
Substance Abuse Treatment					
Past Month Treatment		0.8	0.3	1.3	0.9
Past Year Treatment		1.2	*	1.6	2.4
Currentiy in Treatment		0.8	*	1.2	0.6
Past Year Mental Health Problems[4]					
Distress[5]		--	--	35.4	40.6
Disorder[5]		--	--	14.4	18.3
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.2	3.4
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.2	2.4
Mental Health Treatment					
Past Year Treatment		7.5	7.1	9.4	9.6
Religion					
Religious Beliefs Very Important		72.5	67.0	72.2	70.3

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.

-- Not available.

[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.

[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.

[4] Estimates of past year mental health problems are for persons aged 18 or older.

[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.10 Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		4.0	1.8	7.0	4.7
Marijuana		2.8	1.2	4.7	3.8
Psychotherapeutics[2]		1.2	0.6	2.4	1.0
Alcohol		43.8	47.9	42.1	47.1
Cigarettes	b	17.8	27.7	21.4	19.8
Mean Number of Days Used Marijuana Among Marijuana Users	a	9.7	7.9	9.4	5.3
Mean Number of Drinks/Day Among Drinkers		3.1	2.1	2.2	2.3
Mean Number of Binge Days Among Drinkers[3]		1.0	1.0	0.7	0.8
Mean Number of Days Smoked Among Cigarette Smokers		23.1	20.8	21.5	22.3
Substance Abuse Treatment					
Past Month Treatment		0.7	0.1	0.8	0.6
Past Year Treatment		1.0	0.2	1.0	0.8
Currently in Treatment		0.6	0.1	0.7	0.4
Past Year Mental Health Problems[4]					
Distress[5]		--	--	47.3	51.1
Disorder[5]		--	--	17.2	23.1
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.5	3.5
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	1.8
Mental Health Treatment					
Past Year Treatment		9.7	10.6	11.3	10.9
Religion					
Religious Beliefs Very Important		83.4	81.3	75.8	76.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.11 Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		5.7	6.2	7.4	8.6
Marijuana		4.4	4.2	5.3	7.0
Psychotherapeutics[2]		1.3	1.8	2.0	3.4
Alcohol		46.4	48.2	50.1	47.8
Cigarettes		23.5	27.3	23.0	21.8
Mean Number of Days Used Marijuana Among Marijuana Users		10.8	10.0	11.8	12.1
Mean Number of Drinks/Day Among Drinkers		3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.2	21.9	22.6	23.1
Substance Abuse Treatment					
Past Month Treatment		0.8	0.4	0.8	0.8
Past Year Treatment		1.6	0.9	1.5	1.3
Currently in Treatment		0.6	0.4	0.7	0.7
Past Year Mental Health Problems[4]					
Distress[5]		--	--	44.7	42.9
Disorder[5]		--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.2	1.9
Mental Health Treatment					
Past Year Treatment		6.6	8.8	10.3	9.8
Religion					
Religious Beliefs Very Important		82.8	79.9	77.0	76.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.12 Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		10.0	8.8	10.5	11.2
Marijuana		7.4	6.6	8.5	7.9
Psychotherapeutics[2]		2.5	2.5	2.1	3.8
Alcohol	a	16.0	13.2	16.2	12.3
Cigarettes	a	11.1	7.9	10.8	6.9
Mean Number of Days Used Marijuana Among Marijuana Users		7.6	6.8	11.9	8.7
Mean Number of Drinks/Day Among Drinkers		4.5	5.1	4.5	4.2
Mean Number of Binge Days Among Drinkers[3]		1.8	1.5	2.0	1.7
Mean Number of Days Smoked Among Cigarette Smokers		13.5	9.1	15.1	12.2
Substance Abuse Treatment					
Past Month Treatment	b	0.2	0.8	1.1	0.2
Past Year Treatment	a,b	1.2	2.8	2.1	0.4
Currently in Treatment	b	0.1	0.8	0.8	0.2
Past Year Mental Health Problems					
Distress[4]		--	--	--	--
Disorder[4]		--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress		--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	--	--
Mental Health Treatment					
Past Year Treatment		11.7	14.6	17.6	18.1
Religion					
Religious Beliefs Very Important		80.3	78.9	77.4	80.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.13 Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]	a	5.2	5.9	7.0	8.3
Marijuana		4.0	3.9	5.0	6.9
Psychotherapeutics[2]		1.1	1.7	2.0	3.3
Alcohol		50.1	52.4	54.2	52.0
Cigarettes		25.0	29.7	24.4	23.5
Mean Number of Days Used Marijuana Among Marijuana Users		11.5	10.6	11.8	12.6
Mean Number of Drinks/Day Among Drinkers		3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.7	22.3	23.0	23.5
Substance Abuse Treatment					
Past Month Treatment		0.9	0.3	0.8	0.9
Past Year Treatment		1.6	0.6	1.5	1.4
Currently in Treatment		0.6	0.3	0.6	0.7
Past Year Mental Health Problems					
Distress[4]		--	--	44.7	42.9
Disorder[4]		--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.2	1.9
Mental Health Treatment					
Past Year Treatment		6.0	8.1	9.4	8.8
Religion					
Religious Beliefs Very Important		83.1	80.0	77.0	75.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.14 Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		6.8	7.3	8.8	10.0
Marijuana		5.6	4.4	6.5	8.3
Psychotherapeutics[2]		0.9	2.4	2.0	3.2
Alcohol		52.2	56.2	56.3	51.5
Cigarettes		26.6	32.8	26.2	25.6
Mean Number of Days Used Marijuana Among Marijuana Users		12.5	9.5	13.2	10.4
Mean Number of Drinks/Day Among Drinkers		4.2	4.6	3.2	3.5
Mean Number of Binge Days Among Drinkers[3]		2.0	2.6	2.3	2.6
Mean Number of Days Smoked Among Cigarette Smokers		22.8	20.0	22.6	21.5
Substance Abuse Treatment					
Past Month Treatment		1.1	0.5	1.0	1.3
Past Year Treatment		2.3	0.9	2.3	2.2
Currently in Treatment		0.8	0.5	0.9	1.1
Past Year Mental Health Problems[4]					
Distress[5]		--	--	41.8	35.0
Disorder[5]		--	--	17.0	17.9
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.1	2.7
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.3	2.1
Mental Health Treatment					
Past Year Treatment		4.1	7.9	8.8	8.8
Religion					
Religious Beliefs Very Important		80.5	76.4	71.5	71.3

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.15 Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use					
Any Illicit Drug[1]		4.6	5.1	6.0	7.2
Marijuana		3.2	4.0	4.2	5.7
Psychotherapeutics[2]		1.6	1.1	2.1	3.5
Alcohol		40.9	40.5	44.2	44.2
Cigarettes		20.6	22.1	19.9	18.0
Mean Number of Days Used Marijuana Among Marijuana Users		7.9	10.5	9.7	14.6
Mean Number of Drinks/Day Among Drinkers		3.1	2.8	2.3	2.4
Mean Number of Binge Days Among Drinkers[3]		1.1	0.9	0.9	0.9
Mean Number of Days Smoked Among Cigarette Smokers	a	21.4	24.7	22.6	25.3
Substance Abuse Treatment					
Past Month Treatment		0.6	0.3	0.6	0.3
Past Year Treatment		0.9	0.8	0.8	0.5
Currently in Treatment		0.3	0.3	0.4	0.2
Past Year Mental Health Problems[4]					
Distress[5]		--	--	47.5	50.2
Disorder[5]		--	--	20.0	20.4
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.3
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.0	1.8
Mental Health Treatment					
Past Year Treatment		9.1	9.7	11.7	10.8
Religion					
Religious Beliefs Very Important		84.9	83.2	82.3	80.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.
[a] Difference between 2001 Quarter 4 estimate and 2001 Quarters 1-3 estimate is statistically significant at the .05 level.
[b] Difference defined as (2001 Qtr 4 - 2001 Qtr 1-3) - (2000 Qtr 4 - 2000 Qtr 1-3) is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.16 Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NY CMSA				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		5.3	3.7	7.0	7.2	5.7	6.2	7.4	8.6
Marijuana		3.9	2.8	4.9	6.4	4.4	4.2	5.3	7.0
Psychotherapeutics[2]		1.4	0.9	2.1	1.6	1.3	1.8	2.0	3.4
Alcohol	a	49.1	53.8	48.0	53.7	46.4	48.2	50.1	47.8
Cigarettes		20.3	23.7	22.0	21.0	23.5	27.3	23.0	21.8
Mean Number of Days Used Marijuana Among Marijuana Users		10.6	13.5	11.1	11.2	10.8	10.0	11.8	12.1
Mean Number of Drinks/Day Among Drinkers		3.7	2.8	2.8	2.6	3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.5	1.1	1.5	1.7	1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.1	22.4	21.7	22.5	22.2	21.9	22.6	23.1
Substance Abuse Treatment									
Past Month Treatment		0.7	0.2	1.0	0.7	0.8	0.4	0.8	0.8
Past Year Treatment		1.1	1.1	1.2	1.6	1.6	0.9	1.5	1.3
Currently in Treatment		0.7	0.0	1.0	0.5	0.6	0.4	0.7	0.7
Past Year Mental Health Problems[4]									
Distress[5]		--	--	41.7	46.2	--	--	44.7	42.9
Disorder[4]		--	--	15.9	20.9	--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.5	--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	2.0	--	--	2.2	1.9
Mental Health Treatment									
Past Year Treatment		8.7	8.9	10.4	10.2	6.6	8.8	10.3	9.8
Religion									
Religious Beliefs Very Important		78.2	74.5	74.1	73.7	82.8	79.9	77.0	76.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NY CMSA - 2000 Qtr 1-3 NY CMSA) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.17 Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NY CMSA				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		8.7	8.0	8.3	8.9	10.0	8.8	10.5	11.2
Marijuana		6.6	6.0	5.0	6.9	7.4	6.6	8.5	7.9
Psychotherapeutics[2]		2.2	2.2	2.3	2.2	2.5	2.5	2.1	3.8
Alcohol		15.8	19.2	16.9	13.8	16.0	13.2	16.2	12.3
Cigarettes		12.3	11.2	10.5	10.9	11.1	7.9	10.8	6.9
Mean Number of Days Used Marijuana Among Marijuana Users		8.8	8.5	6.9	8.9	7.6	6.8	11.9	8.7
Mean Number of Drinks/Day Among Drinkers		4.8	5.9	3.8	4.8	4.5	5.1	4.5	4.2
Mean Number of Binge Days Among Drinkers[3]		2.1	2.9	2.0	1.9	1.8	1.5	2.0	1.7
Mean Number of Days Smoked Among Cigarette Smokers		15.5	10.1	14.5	14.6	13.5	9.1	15.1	12.2
Substance Abuse Treatment									
Past Month Treatment		0.7	0.5	0.5	0.6	0.2	0.8	1.1	0.2
Past Year Treatment	a,b	0.9	0.9	1.0	1.5	1.2	2.8	2.1	0.4
Currently in Treatment		0.5	0.5	0.5	0.1	0.1	0.8	0.8	0.2
Past Year Mental Health Problems									
Distress[4]		--	--	--	--	--	--	--	--
Disorder[4]		--	--	--	--	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress		--	--	--	--	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	--	--	--	--	--	--
Mental Health Treatment									
Past Year Treatment	b	16.2	9.5	17.7	21.0	11.7	14.6	17.6	18.1
Religion									
Religious Beliefs Very Important		80.1	81.9	73.5	77.6	80.3	78.9	77.4	80.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NY CMSA - 2000 Qtr 1-3 NY CMSA) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.18 Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NY CMSA				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		4.9	3.2	6.9	7.0	5.2	5.9	7.0	8.3
Marijuana		3.6	2.5	4.9	6.4	4.0	3.9	5.0	6.9
Psychotherapeutics[2]		1.3	0.8	2.0	1.6	1.1	1.7	2.0	3.3
Alcohol	a	52.6	57.5	51.4	58.0	50.1	52.4	54.2	52.0
Cigarettes		21.2	25.0	23.2	22.1	25.0	29.7	24.4	23.5
Mean Number of Days Used Marijuana Among Marijuana Users		10.9	14.7	11.6	11.4	11.5	10.6	11.8	12.6
Mean Number of Drinks/Day Among Drinkers		3.6	2.7	2.8	2.6	3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.5	1.1	1.5	1.7	1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.5	23.0	22.1	22.9	22.7	22.3	23.0	23.5
Substance Abuse Treatment									
Past Month Treatment		0.7	0.1	1.1	0.8	0.9	0.3	0.8	0.9
Past Year Treatment		1.1	1.2	1.3	1.6	1.6	0.6	1.5	1.4
Currently in Treatment		0.7	*	1.0	0.6	0.6	0.3	0.6	0.7
Past Year Mental Health Problems									
Distress[4]		--	--	41.7	46.2	--	--	44.7	42.9
Disorder[4]		--	--	15.9	20.9	--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.5	--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	2.0	--	--	2.2	1.9
Mental Health Treatment									
Past Year Treatment		7.9	8.9	9.6	9.1	6.0	8.1	9.4	8.8
Religion									
Religious Beliefs Very Important		78.0	73.7	74.1	73.3	83.1	80.0	77.0	75.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NY CMSA - 2000 Qtr 1-3 NY CMSA) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.19 Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NY CMSA				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		6.7	5.8	7.0	10.0	6.8	7.3	8.8	10.0
Marijuana		5.2	4.7	5.1	9.3	5.6	4.4	6.5	8.3
Psychotherapeutics[2]		1.5	1.2	1.7	2.3	0.9	2.4	2.0	3.2
Alcohol	a	54.8	60.3	54.6	61.0	52.2	56.2	56.3	51.5
Cigarettes		23.0	19.3	22.7	22.3	26.6	32.8	26.2	25.6
Mean Number of Days Used Marijuana Among Marijuana Users		11.1	15.0	12.9	13.7	12.5	9.5	13.2	10.4
Mean Number of Drinks/Day Among Drinkers		4.2	3.4	3.3	3.0	4.2	4.6	3.2	3.5
Mean Number of Binge Days Among Drinkers[3]		2.0	1.2	2.1	2.4	2.0	2.6	2.3	2.6
Mean Number of Days Smoked Among Cigarette Smokers		21.3	24.8	21.9	22.8	22.8	20.0	22.6	21.5
Substance Abuse Treatment									
Past Month Treatment		0.8	0.3	1.3	0.9	1.1	0.5	1.0	1.3
Past Year Treatment		1.2	*	1.6	2.4	2.3	0.9	2.3	2.2
Currently in Treatment		0.8	*	1.2	0.6	0.8	0.5	0.9	1.1
Past Year Mental Health Problems[4]									
Distress[5]		--	--	35.4	40.6	--	--	41.8	35.0
Disorder[5]		--	--	14.4	18.3	--	--	17.0	17.9
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.2	3.4	--	--	3.1	2.7
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.2	2.4	--	--	2.3	2.1
Mental Health Treatment									
Past Year Treatment		7.5	7.1	9.4	9.6	4.1	7.9	8.8	8.8
Religion									
Religious Beliefs Very Important		72.5	67.0	72.2	70.3	80.5	76.4	71.5	71.3

*Low precision, no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NY CMSA - 2000 Qtr 1-3 NY CMSA) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.20 Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NY CMSA				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		4.0	1.8	7.0	4.7	4.6	5.1	6.0	7.2
Marijuana		2.8	1.2	4.7	3.8	3.2	4.0	4.2	5.7
Psychotherapeutics[2]	a	1.2	0.6	2.4	1.0	1.6	1.1	2.1	3.5
Alcohol		43.8	47.9	42.1	47.1	40.9	40.5	44.2	44.2
Cigarettes		17.8	27.7	21.4	19.8	20.6	22.1	19.9	18.0
Mean Number of Days Used Marijuana Among Marijuana Users	a	9.7	7.9	9.4	5.3	7.9	10.5	9.7	14.6
Mean Number of Drinks/Day Among Drinkers		3.1	2.1	2.2	2.3	3.1	2.8	2.3	2.4
Mean Number of Binge Days Among Drinkers[3]		1.0	1.0	0.7	0.8	1.1	0.9	0.9	0.9
Mean Number of Days Smoked Among Cigarette Smokers		23.1	20.8	21.5	22.3	21.4	24.7	22.6	25.3
Substance Abuse Treatment									
Past Month Treatment		0.7	0.1	0.8	0.6	0.6	0.3	0.6	0.3
Past Year Treatment		1.0	0.2	1.0	0.8	0.9	0.8	0.8	0.5
Currently in Treatment		0.6	0.1	0.7	0.4	0.3	0.3	0.4	0.2
Past Year Mental Health Problems[4]									
Distress[5]		--	--	47.3	51.1	--	--	47.5	50.2
Disorder[5]		--	--	17.2	23.1	--	--	20.0	20.4
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.5	3.5	--	--	3.4	3.3
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.1	1.8	--	--	2.0	1.8
Mental Health Treatment									
Past Year Treatment		9.7	10.6	11.3	10.9	9.1	9.7	11.7	10.8
Religion									
Religious Beliefs Very Important		83.4	81.3	75.8	76.8	84.9	83.2	82.3	80.8

*Low precision, no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available

[a] Difference defined as (2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NY CMSA - 2001 Qtr 1-3 NY CMSA) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NY CMSA - 2000 Qtr 1-3 NY CMSA) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.21 Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NYC				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		5.6	4.9	10.9	9.2	5.7	6.2	7.4	8.6
Marijuana		3.6	4.4	7.1	7.8	4.4	4.2	5.3	7.0
Psychotherapeutics[2]		1.8	0.3	3.7	2.1	1.3	1.8	2.0	3.4
Alcohol		42.5	42.7	40.0	41.4	46.4	48.2	50.1	47.8
Cigarettes		19.2	27.7	23.6	20.1	23.5	27.3	23.0	21.8
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	14.9	12.4	13.2	10.8	10.0	11.8	12.1
Mean Number of Drinks/Day Among Drinkers		3.3	3.1	3.0	2.8	3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.4	1.3	1.9	2.8	1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.1	21.9	21.9	23.0	22.2	21.9	22.6	23.1
Substance Abuse Treatment									
Past Month Treatment		0.6	0.4	2.3	1.5	0.8	0.4	0.8	0.8
Past Year Treatment		1.3	0.6	2.6	2.5	1.6	0.9	1.5	1.3
Currently in Treatment		0.6	0.2	2.2	1.1	0.6	0.4	0.7	0.7
Past Year Mental Health Problems[4]									
Distress[5]		--	--	38.2	44.6	--	--	44.7	42.9
Disorder[5]		--	--	18.1	24.7	--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.8	--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.6	1.9	--	--	2.2	1.9
Mental Health Treatment									
Past Year Treatment		9.7	8.7	10.1	11.8	6.6	8.8	10.3	9.8
Religion									
Religious Beliefs Very Important		74.8	74.7	72.1	70.1	82.8	79.9	77.0	76.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

* Difference defined as (2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
* Difference defined as [(2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NYC - 2000 Qtr 1-3 NYC) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.22 Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NYC				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		7.6	6.7	6.3	6.2	10.0	8.8	10.5	11.2
Marijuana		5.0	5.4	4.0	3.6	7.4	6.6	8.5	7.9
Psychotherapeutics[2]		2.4	*	1.1	1.8	2.5	2.5	2.1	3.8
Alcohol		13.9	14.4	13.1	11.7	16.0	13.2	16.2	12.3
Cigarettes		10.2	12.4	7.7	6.6	11.1	7.9	10.8	6.9
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	*	7.2	*	7.6	6.8	11.9	8.7
Mean Number of Drinks/Day Among Drinkers		2.7	2.9	3.0	2.7	4.5	5.1	4.5	4.2
Mean Number of Binge Days Among Drinkers[3]		1.6	1.3	3.0	0.7	1.8	1.5	2.0	1.7
Mean Number of Days Smoked Among Cigarette Smokers		14.7	*	14.3	14.0	13.5	9.1	15.1	12.2
Substance Abuse Treatment									
Past Month Treatment		0.3	*	0.4	0.8	0.2	0.8	1.1	0.2
Past Year Treatment		0.5	*	0.9	2.4	1.2	2.8	2.1	0.4
Currently in Treatment		0.3	*	0.4	0.3	0.1	0.8	0.8	0.2
Past Year Mental Health Problems									
Distress[4]		--	--	--	--	--	--	--	--
Disorder[4]		--	--	--	--	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress		--	--	--	--	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	--	--	--	--	--	--
Mental Health Treatment									
Past Year Treatment	b	12.9	4.9	13.8	16.1	11.7	14.6	17.6	18.1
Religion									
Religious Beliefs Very Important		78.1	78.5	76.9	84.0	80.3	78.9	77.4	80.2

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NYC - 2000 Qtr 1-3 NYC) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.23 Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NYC				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		5.3	4.7	11.4	9.5	5.2	5.9	7.0	8.3
Marijuana		3.5	4.3	7.4	8.3	4.0	3.9	5.0	6.9
Psychotherapeutics[2]		1.7	0.3	4.0	2.1	1.1	1.7	2.0	3.3
Alcohol		45.5	45.7	42.8	44.5	50.1	52.4	54.2	52.0
Cigarettes		20.1	29.3	25.3	21.6	25.0	29.7	24.4	27.5
Mean Number of Days Used Marijuana Among Marijuana Users		8.9	16.0	12.8	13.5	11.5	10.6	11.8	12.6
Mean Number of Drinks/Day Among Drinkers		3.3	3.1	3.0	2.8	3.7	3.8	2.8	3.0
Mean Number of Binge Days Among Drinkers[3]		1.4	1.3	1.8	2.9	1.6	1.9	1.6	1.8
Mean Number of Days Smoked Among Cigarette Smokers		22.5	22.6	22.2	23.3	22.7	22.3	23.0	23.5
Substance Abuse Treatment									
Past Month Treatment		0.7	0.3	2.5	1.5	0.9	0.3	0.8	0.9
Past Year Treatment		1.4	0.5	2.8	2.5	1.6	0.6	1.5	1.4
Currently in Treatment		0.7	*	2.4	1.2	0.6	0.3	0.6	0.7
Past Year Mental Health Problems									
Distress[4]		--	--	38.2	44.6	--	--	44.7	42.9
Disorder[4]		--	--	18.1	24.7	--	--	18.5	19.2
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.4	3.8	--	--	3.3	3.1
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.6	1.9	--	--	2.2	1.9
Mental Health Treatment									
Past Year Treatment		9.4	9.1	9.7	11.4	6.0	8.1	9.4	8.8
Religion									
Religious Beliefs Very Important		74.4	74.3	71.6	68.6	83.1	80.0	77.0	75.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NYC - 2000 Qtr 1-3 NYC) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.24 Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NYC				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		7.7	8.6	11.9	14.1	6.8	7.3	8.8	10.0
Marijuana		5.4	7.9	7.2	13.6	5.6	4.4	6.5	8.3
Psychotherapeutics[2]		1.9	0.7	4.2	2.9	0.9	2.4	2.0	3.2
Alcohol		49.5	51.4	47.9	53.5	52.2	56.2	56.3	51.5
Cigarettes		22.2	23.9	25.4	25.6	26.6	32.8	26.2	25.6
Mean Number of Days Used Marijuana Among Marijuana Users		8.2	16.7	15.2	15.0	12.5	9.5	13.2	10.4
Mean Number of Drinks/Day Among Drinkers		3.8	3.7	3.5	2.9	4.2	4.6	3.2	3.5
Mean Number of Binge Days Among Drinkers[3]		1.8	1.6	2.4	3.7	2.0	2.6	2.3	2.6
Mean Number of Days Smoked Among Cigarette Smokers		21.2	25.5	21.9	22.6	22.8	20.0	22.6	21.5
Substance Abuse Treatment									
Past Month Treatment		*	0.6	3.4	1.6	1.1	0.5	1.0	1.3
Past Year Treatment		0.9	0.6	3.8	3.7	2.3	0.9	2.3	2.2
Currently in Treatment		*	*	3.3	1.0	0.8	0.5	0.9	1.1
Past Year Mental Health Problems[4]									
Distress[5]		--	--	36.8	40.5	--	--	41.8	35.0
Disorder[5]		--	--	16.4	19.7	--	--	17.0	17.9
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.1	3.6	--	--	3.1	2.7
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.8	1.9	--	--	2.3	2.1
Mental Health Treatment									
Past Year Treatment		7.3	8.6	12.8	9.9	4.1	7.9	8.8	8.8
Religion									
Religious Beliefs Very Important		66.1	71.0	70.4	65.3	80.5	76.4	71.5	71.3

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NYC - 2000 Qtr 1-3 NYC) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.25 Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	Significant Results	TIME PERIOD							
		NYC				Combined CMSA			
		2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use									
Any Illicit Drug[1]		3.6	1.6	10.1	4.9	4.6	5.1	6.0	7.2
Marijuana		2.1	1.3	7.1	2.8	3.2	4.0	4.2	5.7
Psychotherapeutics[2]		1.6	*	3.3	1.3	1.6	1.1	2.1	3.5
Alcohol		36.3	35.1	33.0	30.6	40.9	40.5	44.2	44.2
Cigarettes		16.5	31.0	22.0	15.3	20.6	22.1	19.9	18.0
Mean Number of Days Used Marijuana Among Marijuana Users	a	10.6	*	10.0	5.1	7.9	10.5	9.7	14.6
Mean Number of Drinks/Day Among Drinkers		2.6	2.3	2.3	2.6	3.1	2.8	2.3	2.4
Mean Number of Binge Days Among Drinkers[3]		1.0	1.0	1.3	1.4	1.1	0.9	0.9	0.9
Mean Number of Days Smoked Among Cigarette Smokers		23.2	19.6	22.0	23.6	21.4	24.7	22.6	25.3
Substance Abuse Treatment									
Past Month Treatment		1.2	0.3	1.2	1.3	0.6	0.3	0.6	0.3
Past Year Treatment		1.8	0.7	1.5	1.4	0.9	0.8	0.8	0.5
Currently in Treatment		1.2	0.3	1.2	1.2	0.3	0.3	0.4	0.2
Past Year Mental Health Problems[4]									
Distress[5]		--	--	39.5	48.2	--	--	47.5	50.2
Disorder[5]		--	--	19.6	29.0	--	--	20.0	20.4
Mean Number of Distress Symptoms Among Persons with Distress		--	--	3.7	3.9	--	--	3.4	3.3
Mean Number of Disorder Symptoms Among Persons with Disorders		--	--	2.4	1.8	--	--	2.0	1.8
Mental Health Treatment									
Past Year Treatment		11.9	8.8	7.8	13.5	9.1	9.7	11.7	10.8
Religion									
Religious Beliefs Very Important		82.4	*	73.6	74.4	84.9	83.2	82.3	80.8

*Low precision; no estimate reported. If shown in the significant results column, a contrast was found to be significant; however, since an estimate is suppressed, the specific result is also suppressed.
-- Not available.

[a] Difference defined as (2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA) is statistically significant at .05 level.
[b] Difference defined as [(2001 Qtr 4 NYC - 2001 Qtr 1-3 NYC) - (2001 Qtr 4 combined CMSA - 2001 Qtr 1-3 combined CMSA)] - [(2000 Qtr 4 NYC - 2000 Qtr 1-3 NYC) - (2000 Qtr 4 combined CMSA - 2000 Qtr 1-3 combined CMSA)] is statistically significant at .05 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.1S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.68	1.35	2.33	1.84
Marijuana	0.58	1.41	1.53	1.63
Psychotherapeutics[2]	0.32	0.29	1.16	0.63
Alcohol	2.42	6.05	2.62	3.34
Cigarettes	1.28	4.47	1.53	3.58
Mean Number of Days Used Marijuana Among Marijuana Users	0.95	3.11	1.82	2.17
Mean Number of Drinks/Day Among Drinkers	0.41	0.65	0.29	0.23
Mean Number of Binge Days Among Drinkers[3]	0.28	0.23	0.21	0.61
Mean Number of Days Smoked Among Cigarette Smokers	0.97	1.59	0.81	1.26
Substance Abuse Treatment				
Past Month Treatment	0.42	0.31	0.89	0.71
Past Year Treatment	0.46	0.36	0.98	0.68
Currently in Treatment	0.42	0.17	0.89	0.65
Past Year Mental Health Problems[4]				
Distress[5]	--	--	3.66	3.90
Disorder[5]	--	--	2.55	3.98
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.23	0.27
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.10
Mental Health Treatment				
Past Year Treatment	1.73	2.73	1.16	2.40
Religion				
Religious Beliefs Very Important	2.21	5.20	2.57	2.92

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.2S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York City, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	1.20	2.52	1.50	2.07
Marijuana	0.99	2.07	1.13	1.79
Psychotherapeutics[2]	0.93	*	0.59	1.02
Alcohol	2.63	1.78	2.12	2.48
Cigarettes	1.44	2.44	1.79	1.66
Mean Number of Days Used Marijuana Among Marijuana Users	2.61	*	2.58	*
Mean Number of Drinks/Day Among Drinkers	0.46	0.65	0.38	0.59
Mean Number of Binge Days Among Drinkers[3]	0.53	0.35	0.94	0.19
Mean Number of Days Smoked Among Cigarette Smokers	1.99	*	2.96	3.49
Substance Abuse Treatment				
Past Month Treatment	0.32	*	0.37	0.59
Past Year Treatment	0.36	*	0.65	1.30
Currently in Treatment	0.32	*	0.37	0.25
Past Year Mental Health Problems				
Distress[4]	--	--	--	--
Disorder[4]	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	--	--
Mental Health Treatment				
Past Year Treatment	2.00	1.97	1.71	2.88
Religion				
Religious Beliefs Very Important	2.66	3.16	3.25	2.74

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.3S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.73	1.49	2.62	2.01
Marijuana	0.65	1.57	1.69	1.79
Psychotherapeutics[2]	0.34	0.32	1.31	0.66
Alcohol	2.72	6.72	2.83	3.67
Cigarettes	1.49	4.86	1.72	4.00
Mean Number of Days Used Marijuana Among Marijuana Users	1.04	3.45	1.92	2.32
Mean Number of Drinks/Day Among Drinkers	0.42	0.67	0.30	0.24
Mean Number of Binge Days Among Drinkers[3]	0.28	0.23	0.22	0.63
Mean Number of Days Smoked Among Cigarette Smokers	1.01	1.57	0.81	1.28
Substance Abuse Treatment				
Past Month Treatment	0.46	0.28	0.98	0.78
Past Year Treatment	0.50	0.35	1.10	0.79
Currently in Treatment	0.46	*	0.97	0.71
Past Year Mental Health Problems				
Distress[4]	--	--	3.66	3.90
Disorder[4]	--	--	2.55	3.98
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.23	0.27
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.10
Mental Health Treatment				
Past Year Treatment	1.86	2.98	1.23	2.58
Religion				
Religious Beliefs Very Important	2.48	5.70	2.72	3.36

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.4S Standard Errors of Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	1.55	2.90	2.69	2.69
Marijuana	1.04	3.03	1.41	2.65
Psychotherapeutics[2]	1.15	0.62	1.82	0.98
Alcohol	4.31	7.68	3.84	5.25
Cigarettes	2.51	5.18	2.24	5.33
Mean Number of Days Used Marijuana Among Marijuana Users	1.35	3.48	1.73	2.32
Mean Number of Drinks/Day Among Drinkers	0.70	1.10	0.45	0.32
Mean Number of Binge Days Among Drinkers[3]	0.33	0.32	0.26	0.98
Mean Number of Days Smoked Among Cigarette Smokers	1.39	1.24	1.63	2.16
Substance Abuse Treatment				
Past Month Treatment	*	0.54	1.95	1.06
Past Year Treatment	0.56	0.54	1.92	1.17
Currently in Treatment	*	*	1.94	0.88
Past Year Mental Health Problems[4]				
Distress[5]	--	--	3.30	4.93
Disorder[5]	--	--	3.42	5.56
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.32	0.53
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.48	0.23
Mental Health Treatment				
Past Year Treatment	2.43	3.76	2.09	3.53
Religion				
Religious Beliefs Very Important	3.58	5.70	4.32	3.93

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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Table E.5S Standard Errors of Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York City, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.84	0.75	2.67	1.25
Marijuana	0.43	0.68	2.33	0.90
Psychotherapeutics[2]	0.79	*	1.29	0.61
Alcohol	2.08	5.94	3.36	3.32
Cigarettes	2.12	6.27	2.47	2.98
Mean Number of Days Used Marijuana Among Marijuana Users	2.14	*	2.29	1.91
Mean Number of Drinks/Day Among Drinkers	0.38	0.39	0.20	0.31
Mean Number of Binge Days Among Drinkers[3]	0.26	0.46	0.41	0.34
Mean Number of Days Smoked Among Cigarette Smokers	1.60	2.84	0.88	1.12
Substance Abuse Treatment				
Past Month Treatment	0.79	0.32	0.67	0.92
Past Year Treatment	0.96	0.50	0.89	0.82
Currently in Treatment	0.79	0.32	0.67	0.91
Past Year Mental Health Problems[4]				
Distress[5]	--	--	5.78	4.56
Disorder[5]	--	--	3.36	5.64
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.34	0.33
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.28	0.10
Mental Health Treatment				
Past Year Treatment	2.01	4.19	1.38	2.68
Religion				
Religious Beliefs Very Important	2.66	*	3.81	4.80

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.6S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.44	0.79	0.95	0.86
Marijuana	0.32	0.69	0.64	0.78
Psychotherapeutics[2]	0.26	0.44	0.46	0.38
Alcohol	1.51	3.11	1.97	2.49
Cigarettes	1.06	2.79	1.37	1.85
Mean Number of Days Used Marijuana Among Marijuana Users	0.95	2.42	1.07	1.22
Mean Number of Drinks/Day Among Drinkers	0.28	0.27	0.24	0.12
Mean Number of Binge Days Among Drinkers[3]	0.20	0.14	0.14	0.24
Mean Number of Days Smoked Among Cigarette Smokers	0.65	1.34	0.62	0.83
Substance Abuse Treatment				
Past Month Treatment	0.27	0.13	0.32	0.27
Past Year Treatment	0.28	0.93	0.36	0.38
Currently in Treatment	0.27	0.05	0.32	0.24
Past Year Mental Health Problems[4]				
Distress[5]	--	--	1.88	2.57
Disorder[5]	--	--	1.32	2.31
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.15	0.19
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.22
Mental Health Treatment				
Past Year Treatment	0.91	1.46	0.76	1.44
Religion				
Religious Beliefs Very Important	1.19	3.02	1.52	2.27

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.7S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.86	1.53	0.92	1.47
Marijuana	0.77	1.34	0.73	1.16
Psychotherapeutics[2]	0.55	0.72	0.46	0.80
Alcohol	1.38	3.00	1.49	1.60
Cigarettes	1.19	2.36	1.21	1.47
Mean Number of Days Used Marijuana Among Marijuana Users	1.26	1.57	1.22	2.27
Mean Number of Drinks/Day Among Drinkers	0.46	0.76	0.33	1.31
Mean Number of Binge Days Among Drinkers[3]	0.32	0.56	0.30	0.45
Mean Number of Days Smoked Among Cigarette Smokers	1.14	2.46	1.45	1.76
Substance Abuse Treatment				
Past Month Treatment	0.29	0.54	0.31	0.34
Past Year Treatment	0.34	0.65	0.41	0.63
Currently in Treatment	0.26	0.54	0.31	0.09
Past Year Mental Health Problems				
Distress[4]	--	--	--	--
Disorder[4]	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	--	--
Mental Health Treatment				
Past Year Treatment	1.40	2.32	1.39	1.66
Religion				
Religious Beliefs Very Important	1.32	2.42	1.90	2.16

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.8S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.48	0.85	1.06	0.91
Marijuana	0.36	0.75	0.71	0.85
Psychotherapeutics[2]	0.31	0.48	0.51	0.40
Alcohol	1.68	3.43	2.16	2.80
Cigarettes	1.20	3.07	1.53	2.06
Mean Number of Days Used Marijuana Among Marijuana Users	1.15	2.90	1.17	1.35
Mean Number of Drinks/Day Among Drinkers	0.29	0.27	0.24	0.13
Mean Number of Binge Days Among Drinkers[3]	0.20	0.14	0.15	0.24
Mean Number of Days Smoked Among Cigarette Smokers	0.68	1.34	0.63	0.88
Substance Abuse Treatment				
Past Month Treatment	0.30	0.14	0.35	0.30
Past Year Treatment	0.32	1.02	0.40	0.43
Currently in Treatment	0.30	*	0.35	0.27
Past Year Mental Health Problems				
Distress[4]	--	--	1.88	2.57
Disorder[4]	--	--	1.32	2.31
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.15	0.19
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.22
Mental Health Treatment				
Past Year Treatment	0.97	1.61	0.81	1.58
Religion				
Religious Beliefs Very Important	1.31	3.38	1.65	2.47

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.9S Standard Errors of Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.91	1.61	0.97	1.12
Marijuana	0.60	1.46	0.61	1.14
Psychotherapeutics[2]	0.55	0.82	0.61	0.62
Alcohol	2.50	4.17	2.65	3.72
Cigarettes	1.57	2.95	2.58	2.77
Mean Number of Days Used Marijuana Among Marijuana Users	1.39	2.98	1.13	1.54
Mean Number of Drinks/Day Among Drinkers	0.37	0.49	0.42	0.19
Mean Number of Binge Days Among Drinkers[3]	0.29	0.18	0.24	0.43
Mean Number of Days Smoked Among Cigarette Smokers	1.02	1.03	1.07	1.20
Substance Abuse Treatment				
Past Month Treatment	0.45	0.26	0.65	0.44
Past Year Treatment	0.51	*	0.64	0.80
Currently in Treatment	0.45	*	0.65	0.39
Past Year Mental Health Problems[4]				
Distress[5]	--	--	2.19	3.86
Disorder[5]	--	--	1.82	3.50
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.20	0.34
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.49
Mental Health Treatment				
Past Year Treatment	1.31	2.77	1.16	2.44
Religion				
Religious Beliefs Very Important	1.77	4.13	1.70	3.32

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.10S Standard Errors of Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York CMSA, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.55	0.49	1.22	0.92
Marijuana	0.39	0.32	0.99	0.83
Psychotherapeutics[2]	0.43	0.39	0.63	0.31
Alcohol	1.79	4.65	2.24	2.88
Cigarettes	1.47	4.78	1.52	2.15
Mean Number of Days Used Marijuana Among Marijuana Users	1.05	2.43	1.55	1.14
Mean Number of Drinks/Day Among Drinkers	0.46	0.20	0.11	0.15
Mean Number of Binge Days Among Drinkers[3]	0.25	0.26	0.13	0.13
Mean Number of Days Smoked Among Cigarette Smokers	0.79	2.29	0.77	1.04
Substance Abuse Treatment				
Past Month Treatment	0.31	0.10	0.30	0.30
Past Year Treatment	0.36	0.17	0.37	0.28
Currently in Treatment	0.31	0.10	0.30	0.30
Past Year Mental Health Problems[4]				
Distress[5]	--	--	2.74	3.58
Disorder[5]	--	--	1.67	2.75
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.16	0.20
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.10
Mental Health Treatment				
Past Year Treatment	1.24	2.83	1.09	1.40
Religion				
Religious Beliefs Very Important	1.67	3.88	2.40	2.74

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.11S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.44	0.90	0.54	1.03
Marijuana	0.42	0.60	0.43	0.84
Psychotherapeutics[2]	0.23	0.65	0.27	1.10
Alcohol	1.93	3.23	1.23	2.33
Cigarettes	1.11	3.07	1.21	1.61
Mean Number of Days Used Marijuana Among Marijuana Users	0.83	1.37	0.99	1.62
Mean Number of Drinks/Day Among Drinkers	0.20	0.31	0.09	0.23
Mean Number of Binge Days Among Drinkers[3]	0.13	0.32	0.10	0.25
Mean Number of Days Smoked Among Cigarette Smokers	0.59	1.30	0.58	0.76
Substance Abuse Treatment				
Past Month Treatment	0.21	0.13	0.21	0.48
Past Year Treatment	0.26	0.25	0.28	0.49
Currently in Treatment	0.16	0.13	0.21	0.47
Past Year Mental Health Problems[4]				
Distress[5]	--	--	1.68	2.35
Disorder[5]	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.09	0.17
Mental Health Treatment				
Past Year Treatment	0.57	1.47	0.79	1.13
Religion				
Religious Beliefs Very Important	0.84	2.74	1.28	2.42

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.12S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.73	1.32	0.95	1.77
Marijuana	0.74	1.23	0.91	1.63
Psychotherapeutics[2]	0.35	0.72	0.39	0.92
Alcohol	0.90	1.59	0.93	1.61
Cigarettes	0.87	1.12	0.97	1.36
Mean Number of Days Used Marijuana Among Marijuana Users	0.77	1.31	1.34	1.58
Mean Number of Drinks/Day Among Drinkers	0.28	0.57	0.36	0.49
Mean Number of Binge Days Among Drinkers[3]	0.19	0.29	0.21	0.38
Mean Number of Days Smoked Among Cigarette Smokers	0.75	1.50	1.11	1.57
Substance Abuse Treatment				
Past Month Treatment	0.11	0.38	0.47	0.13
Past Year Treatment	0.27	0.79	0.60	0.30
Currently in Treatment	0.09	0.38	0.37	0.13
Past Year Mental Health Problems				
Distress[4]	--	--	--	--
Disorder[4]	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	--	--
Mental Health Treatment				
Past Year Treatment	0.84	1.70	1.12	1.76
Religion				
Religious Beliefs Very Important	1.13	1.97	1.19	2.22

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.13S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.45	0.98	0.62	1.13
Marijuana	0.43	0.62	0.48	0.91
Psychotherapeutics[2]	0.25	0.72	0.30	1.23
Alcohol	2.14	3.57	1.37	2.62
Cigarettes	1.23	3.42	1.37	1.77
Mean Number of Days Used Marijuana Among Marijuana Users	1.03	1.69	1.14	1.81
Mean Number of Drinks/Day Among Drinkers	0.21	0.32	0.10	0.24
Mean Number of Binge Days Among Drinkers[3]	0.13	0.33	0.11	0.25
Mean Number of Days Smoked Among Cigarette Smokers	0.63	1.35	0.61	0.74
Substance Abuse Treatment				
Past Month Treatment	0.23	0.14	0.24	0.54
Past Year Treatment	0.29	0.27	0.34	0.55
Currently in Treatment	0.18	0.14	0.24	0.52
Past Year Mental Health Problems				
Distress[4]	--	--	1.68	2.35
Disorder[4]	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.09	0.17
Mental Health Treatment				
Past Year Treatment	0.62	1.63	0.88	1.20
Religion				
Religious Beliefs Very Important	0.95	3.06	1.42	2.67

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.14S Standard Errors of Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.71	1.63	0.78	1.29
Marijuana	0.64	0.97	0.66	1.16
Psychotherapeutics[2]	0.32	1.21	0.34	1.34
Alcohol	2.57	5.05	1.43	3.23
Cigarettes	1.77	4.84	1.57	2.24
Mean Number of Days Used Marijuana Among Marijuana Users	1.26	1.68	1.24	1.66
Mean Number of Drinks/Day Among Drinkers	0.25	0.53	0.13	0.36
Mean Number of Binge Days Among Drinkers[3]	0.16	0.54	0.17	0.43
Mean Number of Days Smoked Among Cigarette Smokers	0.75	1.90	0.67	1.13
Substance Abuse Treatment				
Past Month Treatment	0.32	0.26	0.29	0.95
Past Year Treatment	0.41	0.35	0.47	0.98
Currently in Treatment	0.29	0.26	0.28	0.95
Past Year Mental Health Problems[4]				
Distress[5]	--	--	1.95	3.60
Disorder[5]	--	--	1.41	2.43
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.10	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.17	0.33
Mental Health Treatment				
Past Year Treatment	0.58	2.45	1.02	1.62
Religion				
Religious Beliefs Very Important	1.30	4.72	1.82	2.81

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.15S Standard Errors of Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use				
Any Illicit Drug[1]	0.46	0.74	0.69	1.30
Marijuana	0.40	0.73	0.52	1.24
Psychotherapeutics[2]	0.32	0.44	0.40	1.12
Alcohol	1.99	3.76	1.93	3.11
Cigarettes	1.43	4.21	1.61	2.19
Mean Number of Days Used Marijuana Among Marijuana Users	0.82	1.73	1.20	3.15
Mean Number of Drinks/Day Among Drinkers	0.38	0.27	0.13	0.23
Mean Number of Binge Days Among Drinkers[3]	0.23	0.15	0.10	0.12
Mean Number of Days Smoked Among Cigarette Smokers	0.82	1.25	0.82	0.71
Substance Abuse Treatment				
Past Month Treatment	0.29	0.13	0.34	0.20
Past Year Treatment	0.31	0.23	0.36	0.24
Currently in Treatment	0.15	0.13	0.32	0.18
Past Year Mental Health Problems[4]				
Distress[5]	--	--	2.23	3.03
Disorder[5]	--	--	1.57	2.38
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.11	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.11	0.15
Mental Health Treatment				
Past Year Treatment	0.91	1.94	1.16	1.67
Religion				
Religious Beliefs Very Important	1.06	4.10	1.43	2.96

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.16S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NY CMSA				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.44	0.79	0.95	0.86	0.44	0.90	0.54	1.03
Marijuana	0.32	0.69	0.64	0.78	0.42	0.60	0.43	0.84
Psychotherapeutics[2]	0.26	0.44	0.46	0.38	0.23	0.65	0.27	1.10
Alcohol	1.51	3.11	1.97	2.49	1.93	3.23	1.23	2.33
Cigarettes	1.06	2.79	1.37	1.85	1.11	3.07	1.21	1.61
Mean Number of Days Used Marijuana Among Marijuana Users	0.95	2.42	1.07	1.22	0.83	1.37	0.99	1.62
Mean Number of Drinks/Day Among Drinkers	0.28	0.27	0.24	0.12	0.20	0.31	0.09	0.23
Mean Number of Binge Days Among Drinkers[3]	0.20	0.14	0.14	0.24	0.13	0.32	0.10	0.25
Mean Number of Days Smoked Among Cigarette Smokers	0.65	1.34	0.62	0.83	0.59	1.30	0.58	0.76
Substance Abuse Treatment								
Past Month Treatment	0.27	0.13	0.32	0.27	0.21	0.13	0.21	0.48
Past Year Treatment	0.28	0.93	0.36	0.38	0.26	0.25	0.28	0.49
Currently in Treatment	0.27	0.05	0.32	0.24	0.16	0.13	0.21	0.47
Past Year Mental Health Problems[4]								
Distress[5]	--	--	1.88	2.57	--	--	1.68	2.35
Disorder[5]	--	--	1.32	2.31	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.15	0.19	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.22	--	--	0.09	0.17
Mental Health Treatment								
Past Year Treatment	0.91	1.46	0.76	1.44	0.57	1.47	0.79	1.13
Religion								
Religious Beliefs Very Important	1.19	3.02	1.52	2.27	0.84	2.74	1.28	2.42

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.17S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NY CMSA				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.86	1.53	0.92	1.47	0.73	1.32	0.95	1.77
Marijuana	0.77	1.34	0.73	1.16	0.74	1.23	0.91	1.63
Psychotherapeutics[2]	0.55	0.72	0.46	0.80	0.35	0.72	0.39	0.92
Alcohol	1.38	3.00	1.49	1.60	0.90	1.59	0.93	1.61
Cigarettes	1.19	2.36	1.21	1.47	0.87	1.12	0.97	1.36
Mean Number of Days Used Marijuana Among Marijuana Users	1.26	1.57	1.22	2.27	0.77	1.31	1.34	1.58
Mean Number of Drinks/Day Among Drinkers	0.46	0.76	0.33	1.31	0.28	0.57	0.36	0.49
Mean Number of Binge Days Among Drinkers[3]	0.32	0.56	0.30	0.45	0.19	0.29	0.21	0.38
Mean Number of Days Smoked Among Cigarette Smokers	1.14	2.46	1.45	1.76	0.75	1.50	1.11	1.57
Substance Abuse Treatment								
Past Month Treatment	0.29	0.54	0.31	0.34	0.11	0.38	0.47	0.13
Past Year Treatment	0.34	0.65	0.41	0.63	0.27	0.79	0.60	0.30
Currently in Treatment	0.26	0.54	0.31	0.09	0.09	0.38	0.37	0.13
Past Year Mental Health Problems								
Distress[4]	--	--	--	--	--	--	--	--
Disorder[4]	--	--	--	--	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress	--	--	--	--	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	--	--	--	--	--	--
Mental Health Treatment								
Past Year Treatment	1.40	2.32	1.39	1.66	0.84	1.70	1.12	1.76
Religion								
Religious Beliefs Very Important	1.32	2.42	1.90	2.16	1.13	1.97	1.19	2.22

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.18S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NY CMSA				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.48	0.85	1.06	0.91	0.45	0.98	0.62	1.13
Marijuana	0.36	0.75	0.71	0.85	0.43	0.62	0.48	0.91
Psychotherapeutics[2]	0.31	0.48	0.51	0.40	0.25	0.72	0.30	1.23
Alcohol	1.68	3.43	2.16	2.80	2.14	3.57	1.37	2.62
Cigarettes	1.20	3.07	1.53	2.06	1.23	3.42	1.37	1.77
Mean Number of Days Used Marijuana Among Marijuana Users	1.15	2.90	1.17	1.35	1.03	1.69	1.14	1.81
Mean Number of Drinks/Day Among Drinkers	0.29	0.27	0.24	0.13	0.21	0.32	0.10	0.24
Mean Number of Binge Days Among Drinkers[3]	0.20	0.14	0.15	0.24	0.13	0.33	0.11	0.25
Mean Number of Days Smoked Among Cigarette Smokers	0.68	1.34	0.63	0.88	0.63	1.35	0.61	0.74
Substance Abuse Treatment								
Past Month Treatment	0.30	0.14	0.35	0.30	0.23	0.14	0.24	0.54
Past Year Treatment	0.32	1.02	0.40	0.43	0.29	0.27	0.34	0.55
Currently in Treatment	0.30	*	0.35	0.27	0.18	0.14	0.24	0.52
Past Year Mental Health Problems								
Distress[4]	--	--	1.88	2.57	--	--	1.68	2.35
Disorder[4]	--	--	1.32	2.31	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.15	0.19	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.22	--	--	0.09	0.17
Mental Health Treatment								
Past Year Treatment	0.97	1.61	0.81	1.58	0.62	1.63	0.88	1.20
Religion								
Religious Beliefs Very Important	1.31	3.38	1.65	2.47	0.95	3.06	1.42	2.67

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.19S Standard Errors of Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NY CMSA				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.91	1.61	0.97	1.12	0.71	1.63	0.78	1.29
Marijuana	0.60	1.46	0.61	1.14	0.64	0.97	0.66	1.16
Psychotherapeutics[2]	0.55	0.82	0.61	0.62	0.32	1.21	0.34	1.34
Alcohol	2.50	4.17	2.65	3.72	2.57	5.05	1.43	3.23
Cigarettes	1.57	2.95	2.58	2.77	1.77	4.84	1.57	2.24
Mean Number of Days Used Marijuana Among Marijuana Users	1.39	2.98	1.13	1.54	1.26	1.68	1.24	1.66
Mean Number of Drinks/Day Among Drinkers	0.37	0.49	0.42	0.19	0.25	0.53	0.13	0.36
Mean Number of Binge Days Among Drinkers[3]	0.29	0.18	0.24	0.43	0.16	0.54	0.17	0.43
Mean Number of Days Smoked Among Cigarette Smokers	1.02	1.03	1.07	1.20	0.75	1.90	0.67	1.13
Substance Abuse Treatment								
Past Month Treatment	0.45	0.26	0.65	0.44	0.32	0.26	0.29	0.95
Past Year Treatment	0.51	*	0.64	0.80	0.41	0.35	0.47	0.98
Currently in Treatment	0.45	*	0.65	0.39	0.29	0.26	0.28	0.95
Past Year Mental Health Problems[4]								
Distress[5]	--	--	2.19	3.86	--	--	1.95	3.60
Disorder[5]	--	--	1.82	3.50	--	--	1.41	2.43
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.20	0.34	--	--	0.10	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.49	--	--	0.17	0.33
Mental Health Treatment								
Past Year Treatment	1.31	2.77	1.16	2.44	0.58	2.45	1.02	1.62
Religion								
Religious Beliefs Very Important	1.77	4.13	1.70	3.32	1.30	4.72	1.82	2.81

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.20S Standard Errors of Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York CMSA and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NY CMSA				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.55	0.49	1.22	0.92	0.46	0.74	0.69	1.30
Marijuana	0.39	0.32	0.99	0.83	0.40	0.73	0.52	1.24
Psychotherapeutics[2]	0.43	0.39	0.63	0.31	0.32	0.44	0.40	1.12
Alcohol	1.79	4.65	2.24	2.88	1.99	3.76	1.93	3.11
Cigarettes	1.47	4.78	1.52	2.15	1.43	4.21	1.61	2.19
Mean Number of Days Used Marijuana Among Marijuana Users	1.05	2.43	1.55	1.14	0.82	1.73	1.20	3.15
Mean Number of Drinks/Day Among Drinkers	0.46	0.20	0.11	0.15	0.38	0.27	0.13	0.23
Mean Number of Binge Days Among Drinkers[3]	0.25	0.26	0.13	0.13	0.23	0.15	0.10	0.12
Mean Number of Days Smoked Among Cigarette Smokers	0.79	2.29	0.77	1.04	0.82	1.25	0.82	0.71
Substance Abuse Treatment								
Past Month Treatment	0.31	0.10	0.30	0.30	0.29	0.13	0.34	0.20
Past Year Treatment	0.36	0.17	0.37	0.28	0.31	0.23	0.36	0.24
Currently in Treatment	0.31	0.10	0.30	0.30	0.15	0.13	0.32	0.18
Past Year Mental Health Problems[4]								
Distress[5]	--	--	2.74	3.58	--	--	2.23	3.03
Disorder[5]	--	--	1.67	2.75	--	--	1.57	2.38
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.16	0.20	--	--	0.11	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.14	0.10	--	--	0.11	0.15
Mental Health Treatment								
Past Year Treatment	1.24	2.83	1.09	1.40	0.91	1.94	1.16	1.67
Religion								
Religious Beliefs Very Important	1.67	3.88	2.40	2.74	1.06	4.10	1.43	2.96

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.21S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NYC				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.68	1.35	2.33	1.84	0.44	0.90	0.54	1.03
Marijuana	0.58	1.41	1.53	1.63	0.42	0.60	0.43	0.84
Psychotherapeutics[2]	0.32	0.29	1.16	0.63	0.23	0.65	0.27	1.10
Alcohol	2.42	6.05	2.62	3.34	1.93	3.23	1.23	2.33
Cigarettes	1.28	4.47	1.53	3.58	1.11	3.07	1.21	1.61
Mean Number of Days Used Marijuana Among Marijuana Users	0.95	3.11	1.82	2.17	0.83	1.37	0.99	1.62
Mean Number of Drinks/Day Among Drinkers	0.41	0.65	0.29	0.23	0.20	0.31	0.09	0.23
Mean Number of Binge Days Among Drinkers[3]	0.28	0.23	0.21	0.61	0.13	0.32	0.10	0.25
Mean Number of Days Smoked Among Cigarette Smokers	0.97	1.59	0.81	1.26	0.59	1.30	0.58	0.76
Substance Abuse Treatment								
Past Month Treatment	0.42	0.31	0.89	0.71	0.21	0.13	0.21	0.48
Past Year Treatment	0.46	0.36	0.98	0.68	0.26	0.25	0.28	0.49
Currently in Treatment	0.42	0.17	0.89	0.65	0.16	0.13	0.21	0.47
Past Year Mental Health Problems[4]								
Distress[5]	--	--	3.66	3.90	--	--	1.68	2.35
Disorder[5]	--	--	2.55	3.98	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.23	0.27	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.10	--	--	0.09	0.17
Mental Health Treatment								
Past Year Treatment	1.73	2.73	1.16	2.40	0.57	1.47	0.79	1.13
Religion								
Religious Beliefs Very Important	2.21	5.20	2.57	2.92	0.84	2.74	1.28	2.42

•Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.22S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 12 to 17 Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NYC				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	1.20	2.52	1.50	2.07	0.73	1.32	0.95	1.77
Marijuana	0.99	2.07	1.13	1.79	0.74	1.23	0.91	1.63
Psychotherapeutics[2]	0.93	*	0.59	1.02	0.35	0.72	0.39	0.92
Alcohol	2.63	1.78	2.12	2.48	0.90	1.59	0.93	1.61
Cigarettes	1.44	2.44	1.79	1.66	0.87	1.12	0.97	1.36
Mean Number of Days Used Marijuana Among Marijuana Users	2.61	*	2.58	*	0.77	1.31	1.34	1.58
Mean Number of Drinks/Day Among Drinkers	0.46	0.65	0.38	0.59	0.28	0.57	0.36	0.49
Mean Number of Binge Days Among Drinkers[3]	0.53	0.35	0.94	0.19	0.19	0.29	0.21	0.38
Mean Number of Days Smoked Among Cigarette Smokers	1.99	*	2.96	3.49	0.75	1.50	1.11	1.57
Substance Abuse Treatment								
Past Month Treatment	0.32	*	0.37	0.59	0.11	0.38	0.47	0.13
Past Year Treatment	0.36	*	0.65	1.30	0.27	0.79	0.60	0.30
Currently in Treatment	0.32	*	0.37	0.25	0.09	0.38	0.37	0.13
Past Year Mental Health Problems								
Distress[4]	--	--	--	--	--	--	--	--
Disorder[4]	--	--	--	--	--	--	--	--
Mean Number of Distress Symptoms Among Persons with Distress	--	--	--	--	--	--	--	--
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	--	--	--	--	--	--
Mental Health Treatment								
Past Year Treatment	2.00	1.97	1.71	2.88	0.84	1.70	1.12	1.76
Religion								
Religious Beliefs Very Important	2.66	3.16	3.25	2.74	1.13	1.97	1.19	2.22

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.23S Standard Errors of Percentages and Means for Selected Measures Among Persons Aged 18 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NYC				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.73	1.49	2.62	2.01	0.45	0.98	0.62	1.13
Marijuana	0.65	1.57	1.69	1.79	0.43	0.62	0.48	0.91
Psychotherapeutics[2]	0.34	0.32	1.31	0.66	0.25	0.72	0.30	1.23
Alcohol	2.72	6.72	2.83	3.67	2.14	3.57	1.37	2.62
Cigarettes	1.49	4.86	1.72	4.00	1.23	3.42	1.37	1.77
Mean Number of Days Used Marijuana Among Marijuana Users	1.04	3.45	1.92	2.32	1.03	1.69	1.14	1.81
Mean Number of Drinks/Day Among Drinkers	0.42	0.67	0.30	0.24	0.21	0.32	0.10	0.24
Mean Number of Binge Days Among Drinkers[3]	0.28	0.23	0.22	0.63	0.13	0.33	0.11	0.25
Mean Number of Days Smoked Among Cigarette Smokers	1.01	1.57	0.81	1.28	0.63	1.35	0.61	0.74
Substance Abuse Treatment								
Past Month Treatment	0.46	0.28	0.98	0.78	0.23	0.14	0.24	0.54
Past Year Treatment	0.50	0.35	1.10	0.79	0.29	0.27	0.34	0.55
Currently in Treatment	0.46	*	0.97	0.71	0.18	0.14	0.24	0.52
Past Year Mental Health Problems								
Distress[4]	--	--	3.66	3.90	--	--	1.68	2.35
Disorder[4]	--	--	2.55	3.98	--	--	1.12	1.80
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.23	0.27	--	--	0.08	0.15
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.27	0.10	--	--	0.09	0.17
Mental Health Treatment								
Past Year Treatment	1.86	2.98	1.23	2.58	0.62	1.63	0.88	1.20
Religion								
Religious Beliefs Very Important	2.48	5.70	2.72	3.36	0.95	3.06	1.42	2.67

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.24S Standard Errors of Percentages and Means for Selected Measures Among Males Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NYC				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	1.55	2.90	2.69	2.69	0.71	1.63	0.78	1.29
Marijuana	1.04	3.03	1.41	2.65	0.64	0.97	0.66	1.16
Psychotherapeutics[2]	1.15	0.62	1.82	0.98	0.32	1.21	0.34	1.34
Alcohol	4.31	7.68	3.84	5.25	2.57	5.05	1.43	3.23
Cigarettes	2.51	5.18	2.24	5.33	1.77	4.84	1.57	2.24
Mean Number of Days Used Marijuana Among Marijuana Users	1.35	3.48	1.73	2.32	1.26	1.68	1.24	1.66
Mean Number of Drinks/Day Among Drinkers	0.70	1.10	0.45	0.32	0.25	0.53	0.13	0.36
Mean Number of Binge Days Among Drinkers[3]	0.33	0.32	0.26	0.98	0.16	0.54	0.17	0.43
Mean Number of Days Smoked Among Cigarette Smokers	1.39	1.24	1.63	2.16	0.75	1.90	0.67	1.13
Substance Abuse Treatment								
Past Month Treatment	*	0.54	1.95	1.06	0.32	0.26	0.29	0.95
Past Year Treatment	0.56	0.54	1.92	1.17	0.41	0.35	0.47	0.98
Currently in Treatment	*	*	1.94	0.88	0.29	0.26	0.28	0.95
Past Year Mental Health Problems[4]								
Distress[5]	--	--	3.30	4.93	--	--	1.95	3.60
Disorder[5]	--	--	3.42	5.56	--	--	1.41	2.43
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.32	0.53	--	--	0.10	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.48	0.23	--	--	0.17	0.33
Mental Health Treatment								
Past Year Treatment	2.43	3.76	2.09	3.53	0.58	2.45	1.02	1.62
Religion								
Religious Beliefs Very Important	3.58	5.70	4.32	3.93	1.30	4.72	1.82	2.81

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table E.25S Standard Errors of Percentages and Means for Selected Measures Among Females Aged 12 or Older Living in New York City and Combined CMSAs of LA, Detroit, and Chicago, by Time Period: 2000 and 2001

Characteristic	TIME PERIOD							
	NYC				Combined CMSA			
	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4	2000 Quarter 1-3	2000 Quarter 4	2001 Quarter 1-3	2001 Quarter 4
Past Month Substance Use								
Any Illicit Drug[1]	0.84	0.75	2.67	1.25	0.46	0.74	0.69	1.30
Marijuana	0.43	0.68	2.33	0.90	0.40	0.73	0.52	1.24
Psychotherapeutics[2]	0.79	*	1.29	0.61	0.32	0.44	0.40	1.12
Alcohol	2.08	5.94	3.36	3.32	1.99	3.76	1.93	3.11
Cigarettes	2.12	6.27	2.47	2.98	1.43	4.21	1.61	2.19
Mean Number of Days Used Marijuana Among Marijuana Users	2.14	*	2.29	1.91	0.82	1.73	1.20	3.15
Mean Number of Drinks/Day Among Drinkers	0.38	0.39	0.20	0.31	0.38	0.27	0.13	0.23
Mean Number of Binge Days Among Drinkers[3]	0.26	0.46	0.41	0.34	0.23	0.15	0.10	0.12
Mean Number of Days Smoked Among Cigarette Smokers	1.60	2.84	0.88	1.12	0.82	1.25	0.82	0.71
Substance Abuse Treatment								
Past Month Treatment	0.79	0.32	0.67	0.92	0.29	0.13	0.34	0.20
Past Year Treatment	0.96	0.50	0.89	0.82	0.31	0.23	0.36	0.24
Currently in Treatment	0.79	0.32	0.67	0.91	0.15	0.13	0.32	0.18
Past Year Mental Health Problems[4]								
Distress[5]	--	--	5.78	4.56	--	--	2.23	3.03
Disorder[5]	--	--	3.36	5.64	--	--	1.57	2.38
Mean Number of Distress Symptoms Among Persons with Distress	--	--	0.34	0.33	--	--	0.11	0.21
Mean Number of Disorder Symptoms Among Persons with Disorders	--	--	0.28	0.10	--	--	0.11	0.15
Mental Health Treatment								
Past Year Treatment	2.01	4.19	1.38	2.68	0.91	1.94	1.16	1.67
Religion								
Religious Beliefs Very Important	2.66	*	3.81	4.80	1.06	4.10	1.43	2.96

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[3] "Binge" is defined as drinking five or more drinks on the same occasion, i.e., at the same time or within a couple hours of each other.
[4] Estimates of past year mental health problems are for persons aged 18 or older.
[5] See Appendix D.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

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__ An Analysis of Worker Drug Use and Workplace Policies and Programs (BKD237)
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Methodology Series - methodological issues concerning OAS data collection systems

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Substance Abuse and Mental Health Services Administration (SAMHSA)
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National Household Survey on Drug Abuse (NHSDA) Series:
Reports in the Household Survey Series present information from SAMHSA's National Household Survey on Drug Abuse. This representative survey is the primary source of information on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non-institutionalized population, age 12 and older. This survey has been conducted periodically since 1971 and annually since 1990.

"H" Series publications currently available:

- H-1: National Household Survey on Drug Abuse: Main Findings 1995
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- H-7: National Household Survey on Drug Abuse: Population Estimates 1997
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- H-9: National Household Survey on Drug Abuse: Population Estimates 1998
- H-10: Summary of Findings from the 1998 National Household Survey on Drug Abuse
- H-11: National Household Survey on Drug Abuse: Main Findings 1998
- H-12: Summary of Findings from the 1999 National Household Survey on Drug Abuse
- H-13: Summary of Findings from the 2000 National Household Survey on Drug Abuse
- H-14: National and State Estimates of the Drug Abuse Treatment Gap: 2000 NHSDA
- H-15: State Estimates of Substance Use from the 2000 NHSDA: Vol. I. Findings
- H-16: State Estimates of Substance Use from the 2000 NHSDA: Vol. II. Supplementary Technical Appendices
- H-17: Results from the 2001 NHSDA: Vol. I. Summary of National Findings
- H-18: Results from the 2001 NHSDA: Vol. II. Technical Appendices and Selected Data Tables

Drug Abuse Warning Network (DAWN) Series:
Reports in the DAWN Series provide data on the number and characteristics of (1) drug abuse related visits to a national representative sample of hospital emergency departments, and (2) drug abuse related deaths from selected medical examiner offices. The medical examiner cases are not from a national representative sample. DAWN is an ongoing data system that began in the early 1970's.

"D" Series publications currently available:

- D-1: Drug Abuse Warning Network Annual Medical Examiner Data 1995
- D-2: Mid-Year Preliminary Estimates from the 1996 Drug Abuse Warning Network
- D-3: Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network
- D-4: Drug Abuse Warning Network Annual Medical Examiner Data 1996
- D-5: Mid-Year 1997 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-6: Year-End 1997 Emergency Department Data from the Drug Abuse Warning Network
- D-7: Annual Emergency Department Data from the Drug Abuse Warning Network, 1995
- D-8: Annual Emergency Department Data from the Drug Abuse Warning Network, 1996
- D-9: Annual Emergency Department Data from the Drug Abuse Warning Network, 1997
- D-10: Mid-Year 1998 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-11: Year-End 1998 Emergency Department Data from the Drug Abuse Warning Network
- D-12: Drug Abuse Warning Network Annual Medical Examiner Data 1997
- D-13: Drug Abuse Warning Network Annual Medical Examiner Data 1998
- D-14: Mid-Year 1999 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-15: Year-End 1999 Emergency Department Data from the Drug Abuse Warning Network
- D-16: Drug Abuse Warning Network Annual Medical Examiner Data 1999
- D-17: Mid-Year 2000 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-18: Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network
- D-19: Mortality Data from the Drug Abuse Warning Network, 2000
- D-20: Emergency Dept. Trends From the Drug Abuse Warning Network, Preliminary Estimates Jan.-June 2001
- D-21: Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1994 -2001

(Continued on next page)

Drug and Alcohol Services Information System (DASIS) Series:
Reports in the Services Series provide national and state level data on (1) the characteristics of specialty treatment facilities providing drug and alcohol services; (2) the number of persons in treatment; and (3) the demographic and drug use characteristics of treatment admissions. The Services Series also includes the National Directory of Drug and Alcohol Abuse Treatment Programs. The publications in this Series are based on SAMHSA's Drug and Alcohol Services Information System (DASIS).

"S" Series publications currently available:

- S-1: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1996
- S-2: Uniform Facility Data Set (UFDS): Data for 1995 and 1980-1995
- S-3: Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996
- S-4R: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1997
- S-5: National Admissions to Substance Abuse Treatment Services: The Treatment Episode Data Set (TEDS) 1992-1996
- S-6: Uniform Facility Data Set (UFDS): 1997
- S-7: Treatment Episode Data Set (TEDS): 1992-1997
- S-8: National Directory of Drug Abuse and Alcoholism Treatment Programs,1998
- S-9: Substance Abuse Treatment in Adult and Juvenile Correctional Facilities: Findings from the UFDS 1997 Survey of Correctional Facilities
- S-10: Uniform Facility Data Set (UFDS): 1998
- S-11: Treatment Episode Data Set (TEDS): 1993-1998
- S-12: National Directory of Drug and Alcohol Abuse Treatment Programs 2000
- S-13: Uniform Facility Data Set (UFDS): 1999
- S-14: Treatment Episode Data Set (TEDS): 1994-1999
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- S-16: National Survey of Substance Abuse Treatment Services (N-SSATS): 2000

Analytic Series:
Reports in the Analytic Series address special topics relating to alcohol, drug abuse, and mental health. The Analytic Series generally provides data from outcome and other special studies, secondary analysis of multiple data sources, or more in-depth analysis of the data presented in the standard annual reports in the other Office of Applied Studies publication series.

"A" Series publications currently available:

- A-1: Employment Outcomes of Indigent Clients Receiving Alcohol and Drug Treatment in Washington State
- A-2: An Analysis of Worker Drug Use and Workplace Policies and Programs
- A-3: Substance Use Among Women in the United States
- A-4: Substance Abuse and Mental Health Statistics Source Book 1998
- A-5: Services Research Outcomes Study
- A-6: Prevalence of Substance Use Among Racial and Ethnic Subgroups in the U.S., 1991-1993
- A-7: Analyses of Substance Abuse and Treatment Need Issues
- A-8: Driving After Drug or Alcohol Use: Findings from the 1996 NHSDA
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- A-18: Impact of September 11, 2001 Events on Substance Use and Mental Health in the New York Area
- A-19: Risk and Protective Factors for Adolescent Drug Use: Findings from the 1999 NHSDA
- A-20: The ADSS Cost Study: Costs of Substance Abuse Treatment in the Specialty Sector
- A-21: Substance Use by Older Adults: Estimates of Future Impact on the Treatment System

Methodology Series:
Reports in the Methodology Series address methodological issues concerning data collection systems conducted by SAMHSA's Office of Applied Studies. These reports include studies of new statistical techniques and theories, survey methods, sample design, survey instrument design, and objective evaluations of the reliability of collected data.

"M" Series publications currently available:

- M-1: Substance Abuse in States and Metropolitan Areas: Model Based Estimates from the 1991-1993 NHSDA--Methodology Report
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